

Celebrating 35 Years of Head Start

HEAD START® BULLETIN

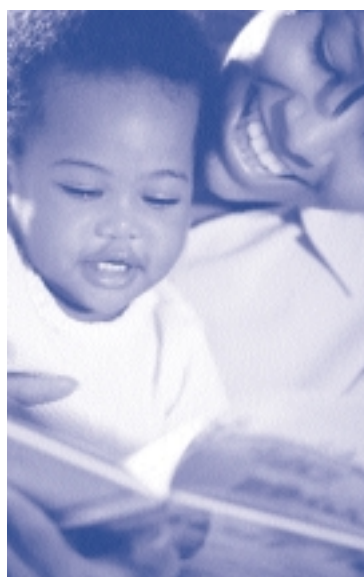
enhancing head start communication



U.S. Department of Health and Human Services ★ Administration for Children and Families ★ Administration on Children, Youth and Families

Early Head Start

By Judith Jerald



With the reauthorization of the Head Start program in 1994, Congress established a new program for low-income families with pregnant women, infants, and toddlers: Early Head Start. In creating this program, Congress was responding to strong evidence suggesting that early intervention through high quality programs enhances children's physical, social, emotional, and cognitive development; enables parents to be better caregivers and teachers to their children; and helps parents meet their own goals, including economic independence.

Early Head Start (EHS) focuses on the current best practices essential to quality programs: child development, family development, community building, and staff development, all of which are embedded in the Head Start Performance Standards. The services provided by EHS programs are designed to reinforce and respond to the unique strengths and needs of each child and family. These services include:

- Quality early education both in and out of the home;
- Home visits, especially for families with newborns and other infants;
- Parent education, including parent-child activities;
- Comprehensive health and mental health services, including services to women before, during, and after pregnancy;
- Nutrition; and
- Ongoing support for parents through case management and peer support groups.

Early Head Start is going through a period of rapid expansion. In 1995, there were 68 EHS programs. Currently there are more than 600 programs serving nearly 45,000 children.

As Early Head Start continues to expand, our highest priority is to maintain quality programming that reflects the needs of individual children, their families, and their local communities. The Head Start Program Performance Standards represent a constellation of comprehensive services to serve children's and families' individual and changing needs. The Performance Standards are an important tool in managing and implementing change. They define the services that are to be provided to children and families without being prescriptive in how the services must be carried out. Within the framework of the Performance Standards, programs are encouraged to develop and provide services in ways that fit individual family needs and are driven by family, community, and program goals.

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Judith Jerald was a guest editor for this issue.

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The Bulletin is a service of the Head Start Bureau's Training and Technical Assistance Branch. Its purpose is to enhance communication among the Head Start Bureau, Head Start programs, and interested national, regional, and state organizations and agencies.

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Challenges

EHS leaders face the challenge of maintaining high standards of program quality while simultaneously meeting specific local needs—in other words, balancing quality and flexibility. In addition, EHS programs face other significant challenges, including:

Transitions—from pregnancy to birth, from EHS to Head Start and other preschool programs; from home-based services to center-based services, and sometimes center-based to family child care or home-based depending on families' changing needs.

Welfare reform—meeting the challenges by supporting self-sufficiency goals while maintaining the focus on child and family goals, including work.

Special populations—fathers, teenagers, families from a variety of cultures.

Whether programs can meet these challenges may depend in large part on their ability to:

- Embrace innovation to meet changing family and community needs;
- Develop and maintain a clear and strong leadership structure;
- Build strong, respectful linkages with community institutions while enhancing community knowledge of and commitment to the EHS population;
- Ensure appropriate staff selection and ongoing professional development; and
- Plan and implement meaningful self-evaluation and continuous improvement activities.

Resources

The Head Start Bureau has established a network of resources and support for EHS programs, including Central and Regional Office staff, Senior Early Childhood Associates in each region, Infant/Toddler Specialists at the Quality Improvement Centers (QICs) in each region, specialists at the Quality Improvement Centers for Disabilities Services in each region, and the Early Head Start National Resource Center at Zero-to-Three. These and many other resources are described in this issue of the *Head Start Bulletin*.

Head Start Bureau Goals

Our goals in continuing to build and strengthen the Early Head Start program are to:

- Develop and clarify policies on service delivery and the Program Performance Standards as they relate to EHS in home-based, center-based, family child care, and combination options;
- Develop a national communication structure and system that integrates the regionally-based Senior Early Childhood Associates, the Infant/Toddler Specialists, Regional Office staff, and staff within the Bureau's Central Office in Washington;
- Raise awareness of the comprehensiveness and complexity of EHS, in terms of service intensity, the need for flexibility, and the need for quality services that are comprehensive, collaborative, and continuous over time;
- In collaboration with the Head Start Training and Technical Assistance Branch, implement strong, national professional development systems and start-up planning systems;
- Help programs to recognize the value of continuous improvement and self-evaluation, and to make a commitment to these efforts;
- Help programs focus on theories of change and outcomes; and
- Provide a variety of training and technical assistance opportunities.

Through the pursuit and achievement of these goals, the Head Start community will create a quality Early Head Start system that embraces the Program Performance Standards; responds to family and community needs; follows national best practice standards for early learning and family development; and focuses on outcomes.

Conclusion

Early Head Start is expanding rapidly in response to the critical need for quality infant/toddler care in communities across the country. Programs are building partnerships and leveraging community resources to the benefit of young children and their families. We hope that you find the information and resources provided in this issue of the *Head*

Start Bulletin to be useful in your efforts to respond to the changing needs of children and families in your local communities.

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Judith M. Jerald

Judith Jerald, MSW, is the national Early Head Start Coordinator at the Head Start Bureau. Her commitment to the guiding principles of Head Start and Early Head Start principles, which include relationship building and trust, is genuine and indisputable. In one speech outlining her four principles of best practice — integration, interagency improvement, innovation and intensity — she said, "If you remember nothing else of what I have said this morning, I hope you will remember this: we are building relationships between parents and staff, between parent and child, parent to parent, and among parents, staff and the community. We serve families regularly over a significant period of time, and in flexible ways that are tailored to meet a family's particular needs. Relationships and trust are what we consider our building blocks."

In her work with the Head Start Bureau, Judith has been involved in training and technical assistance, monitoring, and program management. While in Vermont, she administered a variety of programs, including Early Head Start, Head Start, Even Start, state welfare reform and child care contracts, and school district preschool programs.

Judith currently serves on the

National Corporation for Public Broadcasting's Ready to Learn Advisory Board. Judith has also served as an appointee to the National Advisory Committee on Services to Families with Infants and Toddlers — the committee that designed Early Head Start in 1994. In 1996, as a result of her work with Early Education Services, in Vermont, Judith was featured on ABC's Nightline. That same year, she was also a participant in the White House Conference on Brain Development.

Other previous work includes school social work, casework, child care training, and preschool and high school teaching.

Key Concepts in Early Head Start:

- Quality
- Relationships
- Partnerships
- Flexibility
- Diversity
- Consistency
- Performance Standards
- Developmental Appropriateness
- Service Integration



Readiness and Relationships — Issues in Assessing Young Children, Families, and Caregivers

By Samuel J. Meisels

School readiness has become a near obsession in this country. Although no agreed-upon definition of readiness exists, children are now being asked to take standardized “readiness” tests as early as the beginning of first grade. This obsession with readiness has even gone below preschool and kindergarten. Recent years have witnessed an explosion of interest in infants’ developing brains. Books and magazines are filled with information on how to “grow the best brains possible.” Though some of this information is quite good, these publications fuel the view that infants’ brains are essentially moldable as long as you intervene early enough, and that if you don’t intervene early enough, you’ve missed the boat.

The critics of this interpretation of brain research complain that brain development is not over at age three, and they are correct. However, that does not free us from an obligation to nurture, support, and seek to advance the development of children during those years. What we do during the first three years is extremely important, even though much more growth and development is still to come.

An essential element of good practice in the first three years is assessment. Assessment should give a picture of the whole child, not just splinter skills and milestones, and it should help to differentiate and expand parents’ and providers’ perception of their babies. In early childhood, assessment is not the same thing as testing. Assessment should engage us in a process of ongoing discovery. It should be viewed as a collaborative process of observation and analysis that involves formulating questions, gathering information, sharing obser-

ventions, and making interpretations to form new questions.

Functional Assessment

What does an assessment like this look like at a practical level? My colleagues and I make two assumptions in our work on new assessment tools. The first is that skills and behaviors that have functional applications should be the centerpiece of early intervention. A second is that positive relationships between infants and their primary care providers, both within and outside the family, advance development most effectively. In short, our overall purpose is to enhance relationships by strengthening infant/toddler competence and increasing parental and caregiver knowledge, information, and skills. We can do this through functional assessments.

Functional assessments focus on everyday, naturally occurring behaviors that are easily recognizable. In a functional approach, children do not have to score at a certain level or exhibit a certain type of behavior to achieve a certain acceptable score. Instead, we’re trying to help parents and caregivers appreciate children’s abilities in the first three years of life and think about how that relates to a whole range of other developmental indicators.

Functional assessments help families and service providers set goals. They also enable families and providers to work together to document accomplishments and identify areas in need of further development. This type of assessment provides a vehicle for families and service providers to learn to observe the child



and contribute to the evaluation of his or her growth. It links intervention with assessment, programs with families, and families with young children's developing competence.

Returning to school readiness, we must begin to think of readiness as much more than a few skills seen in the first few weeks of kindergarten. Consistent with ZERO TO THREE's "Heart Start Indicators" described in the 1992 Head Start Report, *The Emotional Foundations of School Readiness*, the characteristics that equip children to come to school with knowledge of how to learn include confidence, curiosity, intentionality, self-control, and the ability to relate, communicate, and cooperate. To attain these readiness skills, children need a sense of self that can only be developed over time and through interactions with trustworthy and caring

adults. We believe that functional assessments can contribute to these kinds of relationships.

We have reached a critical moment in the life of Head Start. Besieged by those who advocate a downward extension of K–12 testing practices, Early Head Start must remain strong in its commitment to children, families, and communities. It must remain committed to maximizing meaning in all aspects of its activities, and particularly in assessment. If we can use assessment data to enhance the child's primary context—the family—then we will have engaged in something meaningful—something that will open the doors to lifelong learning for untold numbers of children.

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Practices to avoid in assessments:

- Young children should never be challenged during assessment by being separated from their parents or familiar caregivers.
- An unfamiliar examiner should never assess young children.
- Assessments that are limited to areas that are easily measurable, such as certain motor or cognitive skills, should not be considered complete.
- Formal tests or tools should not be the cornerstone of an assessment of an infant or young child. (Greenspan & Meisels, 1996)

Functional assessments focus on everyday, naturally occurring, practical behaviors and accomplishments that are:

- Easily recognized by parents and service providers,
- Central to the emergence of infant and toddler competence,
- Learned and assessed in context,
- Form the fabric of the relationships between infants and their primary caregivers, and
- Serve to elicit, support, and extend children's skills, abilities, and accomplishments.

Early Head Start National Research and Evaluation Project: Meeting the Child Care Needs of Families

By Helen Raikes, Ellen Kisker, Diane Paulsell and John Love

The Early Head Start Research and Evaluation project launched an intensive study of the new Early Head Start program and simultaneously began a longitudinal study of infants and toddlers in low-income families in 1995. Today, the Early Head Start study includes approximately 3,000 families living in 17 diverse communities that reflect the socioeconomic and political context of low-income families in the United States in the late 1990s.

In 1996 and 1997, the Administration on Children, Youth and Families (ACYF) selected 17 programs from around the country to participate in the Early Head Start National Research and Evaluation Project. These research programs constitute a balanced group in terms of program background, race/ethnicity, region, and urban/rural settings. The research programs broadly resemble the full group of programs founded in '96 and '97 based on comparisons with Program Information Report (PIR) data. Thus, lessons learned from the research programs are expected to be applicable to other Early Head Start programs. The research programs are located in Russellville, Arkansas; Venice, California; Denver, Colorado (two programs); Marshalltown, Iowa; Kansas City, Kansas; Jackson, Michigan; New York City; Kansas City, Missouri; Pittsburgh, Pennsylvania; Sumter, South Carolina; McKenzie, Tennessee; Logan, Utah; Alexandria, Virginia; Kent, Washington; Sunnyside, Washington; and Brattleboro, Vermont.

The Early Head Start National Research and Evaluation Project is being conducted by Mathematica Policy

Research, Inc. and Columbia University in collaboration with 15 university research teams working in partnership with the 17 programs and is being coordinated by the Early Head Start Research Consortium. The research includes five major components: (1) an implementation study; (2) an impact evaluation; (3) local research studies; (4) policy studies; and (5) continuous program improvement. The research aims to produce a knowledge base to inform the development of the young Early Head Start program.

A Child Development Program: Findings from the Implementation Study

The Early Head Start program is serving the needs of families with infants and toddlers in a variety of ways that include child development and health services, parent education, child assessments, services for children with disabilities, parent partnership agreements, services of all types for families, staff development, and collaborations in communities. Each of these themes could become an article in its own right; however, one particular service area is highlighted in this article—child care. Here we tell the story of the Early Head Start families' increasing needs for child care under welfare reform; different approaches programs are taking to provide child care; the quality of care of different program options; and the creative efforts ongoing in working with community child care.

Early Head Start programs select from among Head Start program options—center-based, home-based, combination, or locally designed options—for meeting the needs of children and families in their communities. Programs are responsible for ensuring that child care provided by Early Head Start for families who need out-of-home care must meet the Program Performance Standards. Due to widespread child care needs, every program has faced the challenge of designing or working with community partners to provide quality child care.

Child Care Needs, Availability and Quality in the Early Head Start Communities

How prevalent is the need for child care among Early Head Start families? More than half of the families in the Early Head Start research sample were working or attending school or training when they enrolled. Specifically, 23 percent of applicants were employed and another 22 percent were in school or training (usually school) as their main occupation at the time they enrolled.



A substantial proportion of families reported at the time of enrollment that their child care needs were not being adequately met. Overall, 34 percent of the families reported that they did not have adequate child care arrangements when they enrolled. The percentage of families without adequate child care arrangements ranged from 8 to 66 percent across the research programs.

During site visits conducted by the research team, staff and community members in most of the Early Head Start research sites reported that the quantity and quality of child care available for infants and toddlers in their community were inadequate. This is consistent with findings in a number of studies showing that the quantity of child care is inadequate, and that the quality of care for infants is poor across much of the country.

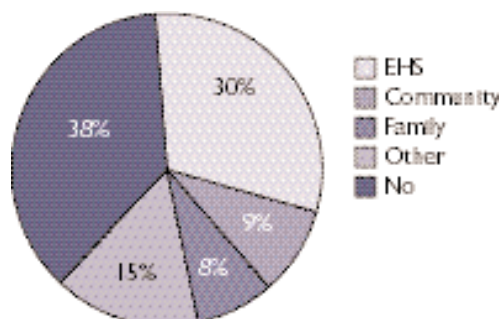
Child Care Use

What forms of child care do Early Head Start children access? In 1999, across all the 17 research sites, 30 percent of the children were estimated to be in child care directly provided by Early Head Start centers. Another 9 percent of Early Head Start children attended community child care centers, while 8 percent were in community family child care. Another 15 percent were in other child care selected independently from Early Head Start, while 38 percent of the children were not using child care.

Use of Child Care Subsidies

What is the role that subsidies play in meeting the child care needs of EHS families? In several sites, staff members noted that the availability of subsidies was limited and long waiting lists had developed. In some areas, state regulations and child care subsidy levels set a low threshold for child care quality, and programs needed to identify other resources to provide higher quality care.

Child Care used by EHS Children



Most of the EHS programs had enrolled many families who received state subsidies and in many cases EHS programs worked with subsidy administrators. A majority of the 17 programs helped families apply for subsidies. About half of the programs that provided direct center-based care used subsidies to partially fund children in Early Head Start centers, and a majority of the programs implemented strategies to prevent interruptions in care for children who were receiving subsidies. During periods when families became ineligible for subsidies, the Early Head Start program often covered the child care costs so that children did not experience discontinuities in caregiving. Early Head Start programs sometimes covered the co-payment required of families receiving subsidies or supplemented subsidies to help cover the costs of quality child care.

Center-based Care by Early Head Start Programs

Eleven of the 17 Early Head Start research programs provided center-based child care directly to some or all families in fall 1999. These services were almost always full-time, were based on a variety of curriculum resources, were usually provided to infants and toddlers with relatively small child-staff ratios (on average 2.9 to 1), and in small group sizes (on average, 5.9 children), as required by the revised Head Start Program Performance Standards. Seventy-eight percent of EHS teachers had a Child Development Associate (CDA) or higher degree or were working on obtaining a CDA. In 1999, turnover of teaching staff was at about the level of national averages, around 40 percent.

The preliminary observational data from nine programs suggest that, on average, the quality of center-based child care provided directly by the Early Head Start programs during their first two years of serving families was good. Quality of center care was measured using the Infant Toddler Environment Rating Scale (ITERS), which yields scores ranging from 1 to 7, with 4-5 considered good quality and 6-7 considered excellent. ITERS scores in center-based EHS programs ranged from 4.4 to 6.3 and averaged 5.3 overall. In two programs, the average ITERS score was 6 or higher, indicating that the quality of care observed was excellent. Early Head Start centers tended to receive the highest scores in the personal care routines, interactions, and program structure categories of the ITERS and the lowest scores in the meeting adult needs category, furnishings and the learning activities category of the ITERS. Four of the programs had attained National Association for the Education of Young Children accreditation.

Working with Community Child Care Providers

Initially, some EHS sites did not fully realize their responsibilities as grantees to ensure that any child care provided as part of the EHS design must meet Head Start Performance Standards. Many parents of children in the Early Head Start research programs sought child care in their communities. In some cases, program staff helped them find child care and in other cases, the families found it on their own.

Community Center-Based Care. Across the 15 EHS sites where observation data have been collected in community child care centers, the average ITERS score in 1998-99 was 4.5, lower than for EHS centers but in the minimal-good range. Average ITERS scores ranged from 2.9 (less than minimal) to 5.9 (good-excellent) across classrooms in community child care centers serving Early Head Start children.

Among programs that were assessing and/or monitoring quality of community center-based care, average ITERS scores were all in the minimal-good to good-excellent range (from 4.3 to 5.4). In 11 of the 15 Early Head Start sites, community child care centers caring for Early Head Start children provided care that was, on average, of good or excellent quality.

It is notable that the ITERS scores in center-based community child care settings were more variable than the scores observed in the Early Head Start centers, which were more consistently good. Community child care centers caring for Early Head Start program children tended to receive the highest scores in the interactions and program structure categories of the ITERS and the lowest scores for the adult needs, furnishings and learning activities categories of the ITERS.

Family Child Care. Family Day Care Rating Scales (FDCRS) scores for 1998-1999 averaged 3.5 across the 12 programs with observations, below the 4.0 considered the lower boundary of the good range. Average FDCRS scores ranged from 2.0 (less than minimum) to 4.5 (good) across the family child care homes. Average scores were good (above 4.0) in five sites. Of the four programs making efforts to assess and/or monitor quality in family child care homes, two had average FDCRS scores in the good range. Both of these programs paid for the family child care provided to EHS children.

Program Efforts to Form Partnerships and Ensure Quality of Child Care

By fall of 1999, most of the Early Head Start programs were actively involved in efforts to support the quality of child care

for families in their programs. Programs working with community child care were challenged because families often selected providers before considering Early Head Start community child care partners. Sometimes parents needed to arrange care very quickly when they began a new job. Sometimes parents preferred that relatives or other trusted friends or neighbors care for their children. Despite the challenges, programs used many strategies to ensure quality of child care for children in their programs.

A number of the programs had created formal contracts with community child care providers. Through contractual arrangements, Early Head Start funds were being used to build program quality, including paying for construction and renovation, and covering child care during gaps in subsidies. Child care programs, as part of their formal agreements with EHS were committed to meeting the Program Performance Standards.

- A few of the programs formally assessed quality before families enrolled in a program, usually using the ITERS or program-developed observation tools.
- A number of the programs monitored quality of community child care on an ongoing basis, often using the ITERS.
- Most of the programs provided training to community child care providers.
- About half of the programs visited children in community child care settings. In some cases, home visitors substituted one or two home visits a month with visits to the child care setting. This was often a strategy when most of the child care was in home settings.
- Several of the programs worked closely with local resource organizations, especially many of the family child care.



- In a few cases, state-level initiatives enabled creative blending of child care subsidies and Early Head Start funds at the program level (rather than at the individual family level). States with research sites making this option available included Kansas, Missouri and Vermont.
- Important partnerships are being built between Early Head Start and child care providers in many of the communities. They are working together to create a new standard of child care, using the Head Start Program Performance Standards as their guide.

Ensuring that all Early Head Start children who are in child care attend centers or family child care homes that meet the Head Start Program Performance Standards is a major challenge. It is one that programs are working very hard to meet, in the context of important limitations in the supply and quality of existing care. It is a tribute to the dedication of Early Head Start and child care staff everywhere that such a large effort is underway to address quality in infant-toddler child care.

Using the Head Start Program Performance Standards as a guide, the research demonstrates that programs can achieve high quality child care. Quality of child care directly provided by Early Head Start programs was high in 1997 and has been maintained over multiple assessment points through 1999. (Note that four of the six model EHS programs in the following article were research sites.)

A number of recommendations can be drawn from the current findings on child care quality and use within Early Head Start.

- Conduct periodic assessments of care quality, using a good assessment instrument.
- Take a special look at learning activities, furnishings and the features of the program that support the staff as areas that are currently not as strong as other areas.
- Form written contractual arrangements with community providers to ensure compliance with the Head Start Program Performance Standards.
- While it adds to the workload of EHS staff, consider strategies to support families who choose informal familial care.
- Build relationships and collaborations with child care providers. Begin with support and work towards formal arrangements. It takes time to build the networks and relationships that will ensure the Head Start Program Performance Standards are met.

The Early Head Start Research and Evaluation Reports

Publication dates are in parentheses. Early Head Start papers and reports, as they become available, can be accessed at <http://www.mathematica-mpr.com/>.

- *Leading the Way*: Descriptive Report of Early Head Start Programs, a three-volume report about the research programs after they had been serving families for about a year. (1999/2000)
- *Pathways to Quality*. Program implementation after 3 years of serving families. (2000)
- Policy Reports: Health (late 2000), and Child Care (2001/2002).
- Interim Impacts Report. Program impacts on children at 2 years of age (2001).
- Final Impacts Report. Program impacts on children at 3 years of age (2002).
- Synthesis Report. Combined report from all studies (2002).
- Father Studies, Welfare Reform Studies, and Disabilities Studies. (1999-2002).
- Local Research Reports. (1999-2002)

- Understand the child care subsidy system in your state and work closely with your state child care administrator.

Although major challenges occur when grantees work with existing child care providers, in the long run it may reap highly significant changes in infant-toddler care across the United States. Programs that were using the Head Start Performance Standards in their work with community center-based child care demonstrated levels of quality that were good—not as high as Early Head Start center-based care—but good. Family child care is often the option of choice for EHS families and programs are also beginning to become active in establishing formal arrangements with family child care providers.

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Designing EHS Programs in Changing Times: Six Programs That Have Met the Challenge

Early Head Start programs are constantly adapting to meet the diverse and changing needs of very young children and families across the country. Each of the six programs featured here has developed dynamic and innovative ways to meet their families' needs.

Child Development, Inc.

Russellville, Arkansas

For Child Development, Inc. (CDI), Early Head Start has been an exercise in change from the outset. CDI has offered infant and toddler care for the past 13 years, before Early Head Start—or even Parent Child Centers—existed. So when CDI looked into developing an Early Head Start program, it had to consider how Head Start regulations and the Program Performance Standards would change the way they'd done business for quite some time. Some of the major challenges they encountered were the differences between their state requirements concerning staff-child ratios and the Program Performance Standards. CDI also had to manipulate their existing centers, which were constructed for larger group sizes. The program worked to change their room environment by putting up walls and purchasing equipment.

CDI is a large agency, serving over 2,000 children across 13 counties in a variety of programs, including Migrant/Seasonal Head Start; Starting Early, Starting Smart; and preschool Head Start. CDI's Early Head Start program primarily provides center-based services in its six rural locations. Each program is located within a child care center that provides Head Start and Developmental Child Care services along with Early Head Start. This design provides seamless service delivery for children from birth to age 12. But CDI is also a flexible program, providing home-based services when there is a

family need. Jana Gifford, EHS director, feels that it is very important for an EHS program to be designed to meet the needs of the community, and not the other way around. "We serve a number of teenage mothers," says Gifford, "and often when they are home from school in the summer they prefer to keep their babies at home. We will shape our program to meet that need."

Building strong relationships with parents is a crucial element of CDI's program. CDI weaves parent training into its services, offering education and skill building training to parents. Also, the same teachers who care for the infants and toddlers during the day are responsible for working closely with parents to involve them in activities with their children at night, developing strong bonds between staff members and families.



Mid-Iowa Community Action Agency

Marshalltown, Iowa

This rural program serves 69 Early Head Start children across five counties. However, EHS is only a portion of the agency's total array of services, which also includes Head Start for preschool children. Mid-Iowa primarily offers home-based services, and as a part of its program design a team of one Infant-Toddler Specialist and one Family Development Specialist works in each county with families. Kathie Readout, EHS director, feels that this two-person system is a very important

part of the services they provide. "Often," says Readout, "child development services can be lost when only one staff person goes in—families have so many daily crises to work on." She feels it's important to have two people to work with each family, each with a specific purpose—one to work with the family and one to focus on child development.

While the program has offered home-based services since the first day of operation, the community's needs are changing, and Mid-Iowa Community Action is planning on providing center-based services starting in the summer of 2000. A major catalyst for this change has been welfare reform, which has resulted in more families in training or working.

And though the change to center-based services is an exciting aspect in the program's growth, Readout is finding that her families feel strongly that home-based services should still be offered. In this rural area, many Head Start and Early Head Start families can be isolated. The relationships that are developed between families and the EHS staff members become important to both parties. So Mid-Iowa Community Action plans to develop a menu of program options, including center- and home-based services.

Mid-Iowa Community Action also works closely with family child care providers to meet the need of its families. "Sixty to eighty percent of children in Iowa who are in care outside the home are in family child care," says Readout. "That's a lot of children and a lot of opportunities for collaboration and quality improvement." Mid-Iowa Head Start works closely with its local family child care providers, developing agreements that specify training requirements and, in return, offer increased compensation. Readout recommends that EHS programs look ahead to see how their families' dynam-

ics and needs are changing, and mold their program to meet those needs.

Project Eagle

**University of Kansas Medical Center
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Project Eagle uses a blended method of funding to serve over 200 Head Start children, almost all of them infants and toddlers. About half of the children are funded through Federal Early Head Start money, while the remaining slots are funded through state money and contributions from their unified city government. In fact, Project Eagle does not receive any preschool Head Start money from the federal government — all of its funding for preschool services comes from the state.

Martha Staker, the Early Head Start Director, reports that this blended funding model represents Project Eagle's commitment to doing business in creative ways. Project Eagle has also created a unique system for offering its families four program options: 1) home-based services; 2) combination services with intensive home visits; 3) advanced combination services with less intensive home visits; and 4) center-based services for infants and toddlers who are at risk. Project Eagle provides this variety to meet the range of families' needs in the community. But Project Eagle did not always offer this menu of options—it started as a solely home-based program. With the advent of welfare reform, though, more and more parents needed care outside the home.

This need for center-based services provided an exciting opportunity for Project Eagle to reach out to the local child care community. The organization decided to contract out for all of its center-based services, but they understood that this would not be possible without agreements aimed to improve the quality of local centers. So Project Eagle developed four types of agreements for the early care and education community to make this arrangement possible.

1. The first is with the participating child care agency. It states that the agency will: meet the Program

Performance Standards; identify staff to participate in three courses offered by the local community colleges on early care and education specific to infants and toddlers; help staff members develop a professional development plan; and participate in center assessments using recognized instruments.

2. The second is signed by each teacher working with Head Start children. He or she agrees to attend courses and additional classes at the local community college and to plan for CDA credentialing. Staff salary enhancements are included into this design in the form of annual bonuses and tuition reimbursement with stipends for attending classes.

3. The third agreement is written with each parent, stating that they agree to participate in two assessments at the center.

4. The fourth agreement is written with the local community colleges, stating that the college agrees to provide specific early care and education courses and to integrate CDA assessment into its course design.

Once the contracts have been signed, Project Eagle sets up a schedule to monitor classroom quality among its participating centers. Both a Child Care Coordinator and a Child Care Specialist travel to each center once every two weeks to make ongoing assessments. Staker has found this endeavor to be very positive, but not an easy task. "It takes some time for a center to 'get there,'" says Staker. "We work with them and provide financial support, and training and technical assistance services."

In this way, Project Eagle has been able to reach out to the broader child care community to increase the quality of care for all children. Project Eagle has worked deliberately within a theory of change across all program options. Staker works with her home visitors to enforce the idea that they are agents of change, working for improved outcomes for children and families.

"I have been in social services for 20 years," says Staker, "and this is the

most exciting project I've ever worked with. I feel that we are really making changes in people's lives, starting at the earliest moments."

Baltimore Friends of the Family, Inc.

Baltimore, Maryland

Baltimore Friends of Family, Inc., has been working with pregnant mothers, infants, and toddlers for years—long before Early Head Start began. And the program has built upon its strengths to create a quality program that works to meet the changing needs of the families it serves.

Baltimore Friends of Family EHS has three delegate agencies, one in an urban area and two in rural parts of the state. A total of 148 children are served. This diversity has prompted the program to offer a combination model of services to its families, changing the program often to meet the individual needs of a family. "What's nice about our program," commented Clare Siegel, Grantee Coordinator for the EHS program, "is that parents aren't stuck in one model of services. Some parents fit into the 90 minutes a week home-visiting schedule and others need all center-based care. Others combine these two options, and their combination can revolve with the child coming into the center more days one week than the next." With parents entering the workforce and participating in job training, this flexible menu of options has been very effective.

One of the challenges that Friends of the Family EHS currently faces is continuing to keep parents involved, given their busy schedules. "We believe strongly in the model of family support," says Siegel, "and we weave it into everything that we do." To help get parents interested in activities at the centers, Friends of the Family offers adult education and GED training along with parenting classes. Siegel has found that once parents come into the center for these types of services, they can begin to see the benefits of being involved.

Carman-Ainsworth Community Schools Flint, Michigan

The Carman-Ainsworth Community Schools Head Start functions as both a Head Start delegate agency serving almost 300 preschoolers and as an EHS grantee serving 75 pregnant women, infants, and toddlers. The program also provides other preschool services, Even Start, and adult education. With all of these services running simultaneously, Carman-Ainsworth has the challenge of working in a school district, where many of its partners are not familiar with the year-round nature of EHS.

"It is important to explain that our services don't start in September and end in June," says Carolyn Rutledge, EHS Director. "The computer systems are set up so that they work on a nine-month calendar." Carolyn is working to broaden understanding within her school district of what EHS is and how it functions, while at the same time building support for the program among her partners.

Carman-Ainsworth primarily offers home-based services to its families, but center-based services are available for families who need care during the day due to training or a new job. The program has a long history of home visiting—it is in its ninth year of offering Even Start services—but recently the program has been facing new challenges. "We have recently had to hire four new home visitors," said Carolyn, "and usually we have our seasoned home visitors act as mentors to our new staff." What she has come to realize recently, however, is that the "seasoned" home visitors really needed training in how to effectively mentor a new staff member. "There is a difference between letting someone observe what you're doing and explaining to them why you're doing what you're doing and getting that new staff member involved," says Carolyn.

Carolyn is dedicated to helping her staff do the best job possible. When asked what element of her program she was most proud of, she was quick to mention her dedicated staff.

University of Pittsburgh Office of Child Development Pittsburgh, Pennsylvania

The University of Pittsburgh's EHS program is primarily a home-based program serving 150 children. However, the university has realized that many of their families need care outside the home. To meet this need, the program relies heavily on collaborations with local child care centers to provide its children and families with high-quality child care.

As a part of this program design, the university has hired a highly respected staff member from the child care community to visit local child care centers and provide assessments on their strengths and weaknesses. Based on this evaluation, the EHS program develops cooperative agreements for funding and training. An Improvement Plan is also developed so that the programs can work together to increase classroom quality. Issues commonly addressed include staff-child ratios and staff qualifications. Vivian Herman, EHS director, has observed that child care and family child care staff are usually very receptive to increased training. "Most staff want additional training," says Herman.

High-quality child care is the most important thing to Herman, but finding the resources to make this possible is her greatest challenge. "The cost of quality is unbelievable," says Herman, "and we have to come to an agreement with centers to help them in this area." The program also works to inform parents about what makes a quality child care program, so they can make informed decisions when choosing care.

While child care is an important aspect of its EHS program, the university truly values its home visiting services. "Home visiting works!" says Herman. "Home visiting allows you to work with the whole family to provide support and effect change." She also emphasizes that the program works because of its qualified and committed staff. Herman stresses the importance of a common philosophy and vision about the program's goals. This includes

making sure that everyone understands the Head Start Program Performance Standards.

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Mid-Iowa Community Action
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Marshalltown, Iowa 50158
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Project Eagle
University of Kansas Medical Center
Gateway Center Tower 2
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Kansas City, Kansas 66101
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Baltimore Friends of the Family, Inc
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Baltimore, Maryland 21202
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Carman-Ainsworth Community Schools
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Flint, Michigan 48532
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Curriculum in Early Head Start

By Sarah Semlak

Defining curriculum for infants and toddlers is a challenge for professionals in the fields of child development and early childhood education. Curriculum for children under three is often described as “everything they do.” And curriculum in Early Head Start is discussed in terms of a program’s philosophy, or a common set of beliefs that is shared by parents and staff. (Refer to Section 1304.21 of the Program Performance Standards.) This philosophy—for example, “...supporting infants’ healthy development”—is accompanied by general goals for children served by the Early Head Start program.

Children’s goals, which relate to their development and overall well-being, are drafted by staff and parents working together. Whether the program offers home- or center-based services, or a combination of the two, children’s goals should drive the development of planned experiences, the roles of staff

members and parents, as well as the materials and equipment that will be provided to support goals. While Early Head Start programs may choose to purchase a curriculum, this set of materials should complement the program and parent’s beliefs, and be individualized to meet the needs of children enrolled in the program.

(Refer to Section 1304.21(c)(1)). In addition, if the curriculum does not encompass all aspects of health and address all relevant Program Performance Standards, then it must be expanded and adapted.

According to the Head Start Program Performance Standards, curriculum is a written plan. To design an appropriate plan and subsequent set of experiences for children under three, staff must have a solid understanding of child development and experience in applying this knowledge to programs serving infants and toddlers. Understanding and respecting individual differences among children is critical to the successful implementation of planned and unplanned experiences for infants and toddlers. Staff must have respectful relationships with children and their parents to gather key information about routines, such as feeding, and any cultural practices associated with these routines. An example of planning related to routines is making a sipper cup available during mealtime to assist a child in transitioning from a bottle. The younger the child, the more that planning will focus on infant needs and routines rather than activities.

While staff must have a written plan, individuals implementing planned experiences for children under three should be ready to adapt this plan and their expectations to better meet the needs of the child during the actual experience. For example, if a child is tired, he/she may not respond as if rested. In light of a child’s lack of sleep, a caregiver may decide not to introduce the child to an activity, or to limit the amount of time they spend supporting the child’s engagement in the activity. Helping parents to recognize opportunities to engage children in activities, which in turn will support their role as primary teacher



and nurturer, is also essential to the implementation of a curriculum for children under three. (Refer to section 1304.21(a)(2).)

Developing a curriculum that continuously meets the needs of children from birth to three is an important task for any Early Head Start program. For more information on curriculum in Head Start and Early Head Start, please refer to the *Head Start Bulletin* on curriculum published in March 2000. Additional resources are listed on p. 40 of this Bulletin.

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The following is a list of questions that an Early Head Start program may want to consider when designing or evaluating their curriculum:

1. What is the overall philosophy for the program? How does this philosophy relate to the services to children? (For example, the program's philosophy might include community collaboration, which may translate to the involvement of representatives from various agencies, such as early intervention, in the delivery of services to children.)
2. What are the major program goals that drive the Early Childhood and Education Services? (For example, to support parents in their role as "primary teacher;" to promote children's overall development, to provide children with safe environments.)
3. How are parents involved in the development of the program philosophy and goals for Early Childhood Services? How is information passed along as new families enter the program? (Is there a parent committee that specifically focuses on Early Childhood Services in the program? Are there materials that describe early childhood services and an orientation available to new parents?)
4. How are goals for children developed? (Is information from screening, assessment, and ongoing observations of children's development used to formulate goals? Are parents included in the selection of goals to be addressed?)
5. How do staff members gather feedback from parents on their impression of the experiences during home visits or through notes or conversations before, during, or after center-based experiences? How are changes made to the services based on the child's and parents' reactions?

The Head Start Program Performance Standards define curriculum as a written plan that includes:

- Goals for children's development and learning;
- Experiences through which they will achieve the goals;
- Roles for staff and parents to help children to achieve these goals; and
- Materials needed to support the implementation of a curriculum.

The plan must also be based on the Program Performance Standards and sound Child Development Principles.

Socializations for Infants, Toddlers, and their Families in the Home-Based Option

By Judith Jerald, Willa C. Siegel and Sarah M. Semlak

The home-based program option is a viable option for families who are available for home visiting, and when this is the option that best meets the families' needs. By working with children and parents in their home for ninety minutes on a weekly basis, home visitors support parents as their child's primary teacher.

Home-based services are driven by Head Start's overall goal of promoting children's social competency. In light of this goal, child development and early education services are designed to address each child's ability to successfully tackle everyday experiences while simultaneously preparing him or her to succeed in the future. Home-based families receive the same comprehensive services as those participating in the center-based program option. These services include health, nutrition, dental, mental health, early childhood development, and family and community partnerships.

The Head Start home-based program option has always included the opportunity for children and their parents to engage in activities outside their home. These group experiences are referred to as "socializations." Socializations are offered twice a month and involve children and parents in activities that further the goals addressed during home visits. Parents' roles should be clearly defined through family partnership agreements; parents are key to planning and carrying out activities during socializations.

Early Head Start staff support parents' involvement with their infants and toddlers. In addition to home visitors, other staff responsible for socializations should have a background in the design and operation of high-quality group experiences for children under three. Other staff involved in

socializations may include family service workers, health educators, and individuals from partnering community organizations, such as WIC (Women, Infants and Children—a federally funded nutrition program), local health clinics, the Le Leche League, or any other organization that is able to present parents with valuable information.

Very Young Infants

Socializations in Early Head Start look different from those that take place in preschool Head Start programs. While the overall goal of social competency is the same, infants and toddlers need very different experiences to successfully develop and move towards this goal. Very young infants need experiences that promote feelings of "trust." Having a safe, warm environment, such as the arms of their parent where they can be fed and attended to when needed, is an appropriate experience for a young infant during a socialization.

Programs serving young infants and their parents need to keep in mind the environment in which they offer socializations. Staff should consider that for parents to sit and hold their infants there needs to be equipment, such as adult-sized chairs that are comfortable. Also, if parents are breastfeeding, these chairs should be located in a quiet area where parents may have privacy if they choose. Since young infants spend considerable time sleeping, staff should consider where infants will be placed if parents choose to put their babies down. Surfaces must be clean, firm (as opposed to a pillow or folded blanket where a child might suffocate), and

away from mobile toddlers. Infants must be visible and easily attended to at all times, so keeping parents in the room with their very young children is strongly advised.

Mobile Infants

Socialization experiences for mobile infants, approximately nine to eighteen months of age, should continue to support the parent-child relationship by offering activities that keep the parents close to and engaged with their child. Creating an environment for children that says, "Yes, move, touch, and explore!" will provide the opportunity for parents to observe their infants

and their wide range of emerging abilities.

Serving a nutritious meal or snack is an example of an activity the EHS staff can use to work with parents to address children's individual goals. For



example, a parent who is transitioning his or her infant from a bottle to a sippy cup may share experiences with staff and other parents. Discussions about routine activities such as feeding and sleeping are a critical aspect of the socialization experience for parents. Health and safety issues, such as not putting a child to bed with a bottle filled with milk or any liquid that may harm a child's teeth, can be easily addressed during socializations. These parent education experiences can be held during mealtime or other parent-child activities rather than separating parents from their children.

Toddlers

Socialization experiences for toddlers, nineteen to thirty-six months of age, may begin to look more like those offered to preschool-aged Head Start children and their parents. In light of the advancements in toddlers' development, they are able to spend more time focusing on a range of activities such as fingerplays, looking at books, and art. Toddlers, however, are not preschoolers. Toddlers spend the majority of their time playing alone or with adults, rather than with peers. They may also spend more time observing than actually engaging in group activities.

Planned activities for toddlers should support their need to do things by themselves. Toddlers' frustrations with not being able to complete tasks independent of adults often leads them to bite, hit, and say "No!" In light of their need to be independent yet closely supervised, socialization experiences should offer a range of developmentally appropriate activities in a safe environment. Adults must be available to assist children, but are not always central to their involvement with materials and equipment. Helping parents to "read" their child's cues so that they are better able to respond to their toddler's needs is a central focus of the socialization experience for parents. Looking for teachable moments in which a parent can successfully engage in a child's play and extend the learning that occurs during that time is key to advancing a child's social-emotional, cognitive, and language development.

Recognizing that socializations are a vital component of the home-based program option, Early Head Start programs must be careful in how they plan these experiences to meet the individual needs of families with children under age three. Programs should

consider the following when designing socializations in Early Head Start:

Considerations

1. What is the purpose of these experiences? In light of your community and families, what are the goals driving socialization experiences? Does the term "socialization" accurately describe these experiences? (Many programs have named these group experiences "Parent-Child Time," or something that emphasizes the fact that parents participate in activities with their children.)
2. How will EHS staff address the individual goals for families during socializations? Limiting the number attending a socialization to no more than twelve children will allow staff to be more effective in addressing the goals of each child and his or her parent.
3. To meet families' needs, will socializations be organized by child age or home visitor caseload? Will socializations be offered at different times and provide opportunities for fathers and working parents to participate? How will siblings' needs be addressed (i.e., will they be directly involved in socialization activities, or will separate, developmentally appropriate activities be made available)?
4. Depending on the goals of the socialization, which Early Head staff besides the home visitor should be involved in the design and implementation of the activities? What should their qualifications be (e.g., a health background, center-based early childhood program experience, or family counseling)? How can members of the community, such as Health Services Advisory Committee participants, be involved in socializations?
5. At what point should parents be encouraged to attend "full group"

socializations with their newborns, as opposed to other activities, such as smaller clusters of parents meeting in someone's home? Programs may want to consider inviting pregnant women and their families to socializations. Connecting with a family before the birth of their child can provide the pregnant woman with a support group and the opportunity to learn about parenting a young infant.

6. How can the requirement of offering 24 socializations a year be met for all families? Is it possible to cluster activities whereby families would be offered a socialization every week for a period of time and then none for a month in the summer?

Developing consistent yet flexible approaches to supporting families enrolled in an Early Head Start home-based program is essential to the success of executing high-quality socialization experiences.

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Early Head Start Facilities: Doing It Right

By Bobby Crooks

While home may be the best environment for many children to experience an introduction to learning, to social interaction, and to personal self-identification, families today often need to arrange for their children to be cared for out of the home. Early Head Start programs place a tremendous emphasis and priority on nurturing and caring for our youngest children. This should be reflected not only in our interactions with infants and toddlers, but in the design and management of the classroom.

Many EHS facilities are planned by professionals who either have little experience in designing facilities for the very young (age birth to 3 years), or who have experience but use a standard design approach basically used in planning facilities for older children. The standard design approach is usually driven by cost rather than by age-appropriateness. For EHS children, this approach may not produce the best results.

A key resource in creating a well-designed classroom is the local Planning Team. Best practice for a successful classroom design is to convene this group before any decisions are made or ideas offered. Teams should have members with four areas of expertise, including child growth and development, classroom design, architectural and engineering specifications; and program management. Certainly members with other knowledge could also be added.

The Planning Team brings a wide array of knowledge and expertise to designing an EHS facility. In the initial stages, the Team must identify design alternatives and formulate classroom philosophies. To accomplish this, the Team should use the *Head Start Facilities Manual* and the *Head Start Design Guide*. The *Facilities Manual* promotes the concept of the Design Team by providing details and direction. It also provides information on acceptable assessments, discusses compliance issues, some design principles, and project processes. The *Head Start Design Guide* offers detailed design alterna-

tives, best practice requirements, and a systematic conceptual design format that establishes minimum standards and principles for the EHS classroom. (For more information, contact the Head Start Publications Management Center. See p. 40 of this Bulletin.)

Regardless of the source of information or the basic classroom philosophy adopted by the Planning Team, the EHS classroom must follow the 35 square feet per child minimum standard. Although this standard is common in state licensing requirements and the above Administration for Children and Families (ACF) publications, a 50 sq. ft. per child standard is highly desirable and recommended. The larger square footage offers the Planning Team more flexibility in all aspects of class-



room design, including the purchase and placement of specialty equipment, such as the three or four emergency or evacuation cribs and multiple passenger-sized strollers or bye-bye buggies.

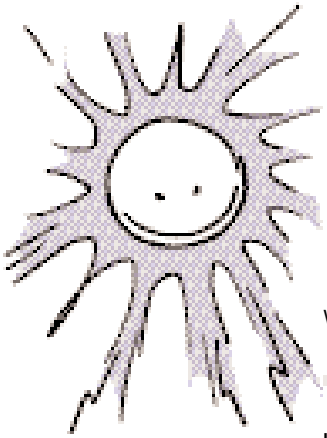
The Planning Team also must consider other requirements and best practices. The EHS classroom requires at least two water sources. One sink for hand washing must be at the changing station, and one sink must be at the food preparation area. If restroom facilities are provided in the classroom, which is recommended, additional sinks may be necessary. Some EHS classrooms are incorporating risers and low walls to designate different activity areas. Carpeting, floor surfaces and textures should vary according to activity and child development level. Light, both natural and artificial, and its location,

should be staged to help control noise and to direct play activities. Child play movement, whether crawling or walking, should be guided by the design and layout of the classroom, as well as by the location of equipment and toys. Emphasis should be placed on color to influence mood. Classroom furniture and equipment should be of wood with rounded corners, and should be simple and size-appropriate.

Experience shows that the design and planning of the EHS classroom is as important and influential to the long-term success of our children as the quality and credentials of classroom leadership. The task of the EHS Planning Team is critical and can not be underestimated. Each participant is vital, not only in the initial planning process, but in every phase throughout the entire project. From project planning, to designing plans, to reviewing bids, to bidding oversight, the Team's input is essential. It must work closely with the budget and finance staff to ensure budget compliance. Members also should work with project management to ensure that each change meets the basic philosophy initiated during the onset of the planning process. The Team's influence must be felt during the construction process, the licensing process, and even the close-out process.

Early Head Start plays an invaluable role in serving America's most vulnerable citizens—its low-income infants and toddlers. Our political leaders have made a considerable financial commitment to the EHS program. This endorsement is in recognition that our families are changing, that our society is changing, and that our culture is changing. Our classroom and educational philosophy also need to change, to ensure that our infants and toddlers have enriching early experiences that can contribute to their future personal and economic self-sufficiency.

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The Rosemount Story

By Karen McKinney

I still remember the excitement when we were notified in the summer of 1996 of our Early Head Start grant award. Our Rosemount Center was going to be one of the early "pioneers" in the new Early Head Start initiative.

We quickly convened our families, community partners, and staff to discuss the start-up plans and implementation phases. Like most new grantees, we were looking forward to providing services. All of our staff had infant/toddler CDAs, and we had a facility with space for infant/toddler areas, so we felt we were far ahead of the game. Our date to be fully operational was August 1997, and we felt we would be ready.

In November 1996, the revised Head Start Program Performance Standards were issued, which included regulations for infant/toddler care. We were in the midst of ordering our new furnishings and equipment for the existing classroom space when we became concerned that our space was not consistent with the standards. We were worried that we did not have space for cribs at 3 feet apart, or adequate plumbing to have separate areas for diapering and food preparation. I spent many hours communicating with our Federal Program Specialist and with specialists at our regional Quality Improvement Center (QIC) and Quality Improvement Center for Disabilities Services. I wanted to be sure I understood the intent of the regulations and how we could address them when we had very little money in the grant allocated for facility issues. At this point, the facilities became a major

challenge in the start-up of our program.

In the spring of 1997, I participated in the West-Ed Infant/Toddler Intensive Training with the Early Head Start National Resource Center. There I learned about a process for designing infant/toddler space in a presentation by Louis Torelli of the organization Spaces for Children. After seeing the presentation, I knew that Rosemount Center needed help or we would not be able to meet the Federal regulations on facilities. I took immediate steps to consult with Louis about appropriate

At this point, the facilities became a major challenge in the start-up of our program.

modifications to our space and to discuss budget changes with our Program Specialist. It was then May of 1997. We were confident that, if we could get on a fast track with architects and construction specialists, we could make the necessary changes and be fully operational by August.

We hired a project manager with experience in construction to serve as my advisor. He was instrumental in helping me understand all the issues involved, and he posed a major question: Had there been a "hazmat" (hazardous materials) study of the space? After some investigation, the answer was no: no study of the building had been done. We had to embark in a new direction.

The study revealed both lead and asbestos in some areas of our center. The good news was that it wasn't a problem unless we disturbed it. The bad news was that we were planning to disturb it to install new plumbing. Our plans to be fully operational by August seemed to evaporate as we brought various engineers to the table to dis-

cuss the best route for getting our space in order.

Although the abatement of asbestos and containment of lead took several months, we were able to complete our remodeling in time for our Federal Review in August 1998. During this two-year period I learned many important lessons and met many wonderful people who were there as partners to help us build a quality program. As I often tell others, I could not have done it without support from the Federal Team, our Program Specialist, QIC, DSQIC, and other consultants who provided direction or assisted in areas such as training, while I focused on facility issues.

To me, this demonstrated tremendous commitment to building Early Head Start from all levels.

I cannot stress enough the importance of space design planning in the scope of start-up for an Early Head Start program. To provide quality services, you must have a space that provides an environment where infants and toddlers can learn in their daily routines, as well as one that supports staff in their role as responsive, nurturing caregivers for our infants, toddlers, and their families. The message along this journey was always clear: Early Head Start must provide quality services. The challenge to grantees is comprehensive planning—including facilities and space design.

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Start-Up Planning and the Early Head Start Program

By JoAn Knight Herren and Mary Shiffer

Early Head Start affords a unique opportunity to provide comprehensive services to low-income expectant parents and families with infants and toddlers. Along with that opportunity, however, comes a great responsibility. Because of their particular vulnerabilities, very young children and their families require services of the highest quality.

Programs that intend to provide EHS services must be thoughtful in how they design and implement their program. Start-up planning refers to the activities grantees engage in throughout the first 12 months of funding and during the early stages of service delivery. Ideally, however, planning for program implementation begins during the grant application process.

Activities completed during the planning process should include input by parents, policy groups, community members, and staff. All Early Head Start grantees may take up to 12 months for start-up planning to achieve the requirement of being fully operational within one year of the grant award date.

Using Your Program Support Network

All newly funded EHS grantees have a variety of resources available to support their start-up efforts. These essential resources include:

- A Federal Program Specialist
- A Start-Up Planner
- The Quality Improvement Center (QIC and DSQIC) Infant/Toddler Specialists
- The Early Head Start National Resource Center staff
- Neighboring EHS centers and existing Head Start programs
- Local Part C early intervention agencies
- Other community partners.

Reviewing and Developing Management Systems and Procedures

Regardless of the grantee's organizational experience or goals for the EHS program, all EHS grant applicants should have in place key management systems and procedures. To become an EHS grantee, applicants will be required to provide services in accordance with Head Start regulations. Management systems and procedures are necessary to ensure that the program is meeting the Head Start Program Performance Standards. Furthermore, well-functioning management systems provide the foundation for all program activities and are essential to developing a high-quality program. Key systems, procedures, and data that should drive program design are community assessment, written plans for the three major areas of the Program Performance Standards, communication procedures, and an organizational structure.

Community Assessment

The community assessment is one way of ensuring that programs are designed to meet the needs of families in local communities. The community assessment helps programs to identify priorities, goals, and resources. It can also be the basis for establishing relationships and collaborating with community partners.

Section 1305.3 of the Program Performance Standards provides an extensive description of the information that should be included in a community assessment, as well as how the information should be used.

Written Plans

Written plans illustrate how the program intends to support infants, toddlers, and their families and how the

Program Performance Standards will be implemented. These plans should include goals, objectives, and outcomes for children and families. The process for developing the written plans can be determined by the grantee. However, policy groups, parents, and community members must be involved in the process.

Communication Procedures

While planning for an EHS program, it is important to ensure that key stakeholders, such as parents, policy group members, staff, and community partners, have the opportunity to share ideas and learn about the progress of the grant or the program. These individuals have vested interests in helping improve the quality of an EHS program and can do this only with adequate information and regular opportunities to provide feedback.

Putting procedures and formal agreements in writing helps to clarify communication and promote understanding. It is also important to check with partners periodically to ensure the quality and timeliness of the information.

Organizational Structure

Each program must develop an organizational structure that will enable it to carry out the goals and objectives specified in the written plans. Before hiring staff, a map should be developed that specifies the type of staff needed, how many for each position, and the lines of supervision. Developing an organizational structure also allows Head Start programs currently serving preschool children to determine how they might use any existing staff to meet the needs of infants and toddlers. Preschool Head Start programs need to consider which staff roles require specific training and experience with infants and toddlers, and which roles would be applicable to

both preschool Head Start and Early Head Start.

Preparing for Program Activities

Putting a new EHS program into action involves multiple, simultaneous tasks. Identifying a team or individual to plan and manage this process provides structure and organization to program planning. Some of the important implementation activities to consider include:

- Hiring staff;
- Initiating staff development activities;
- Preparing facilities;
- Identifying an approach to curriculum;
- Ensuring that community partners are ready to receive families; and
- Recruiting and enrolling families.



Start-Up Planners

Hiring a Start-Up Planner or consultant has been helpful to many new EHS programs. While hiring a planner is optional, a good planner can be instrumental

programs include a line item for hiring a Start-Up Planner in their first year's budget.

It is important that programs choose a Start-Up Planner who:

- Knows how to operationalize the Program Performance Standards;
- Possesses management and organizational development skills;
- Understands and can work with staff and a program planning group;
- Understands Head Start/Early Head Start within the context of the community;
- Can facilitate the implementation and planning process; and
- Knows when to seek additional help from the Federal Program Specialist or QIC staff.

Staff from the QICs and the Early Head Start National Resource Center (EHS

NRC) can help EHS grantees find an appropriate Start-Up Planner. It is up to the program, though, to ensure that the Start-Up Planner complements the existing staff or planning group.

The 12-month start-up planning period gives Early Head Start grantees a unique and valuable opportunity. Take advantage of this time to develop the highest quality program for infants, toddlers, and their families!

in facilitating the start-up process. This consultant can help ensure that the program meets the Program Performance Standards, has developed appropriate policies and procedures, and is ready to be fully operational by the end of the first year of funding. The Head Start Bureau recommends that

JoAn Knight Herren is Chief of the Head Start Bureau's Training and Technical Assistance Branch, T: 202-205-8566, E: jherren@acf.dhhs.gov. Mary Shiffer is a Program Specialist in Region III, T: 215-861-4043.

The Senior Early Childhood Specialists (SECAs): A Regional Network of Infant and Toddler Experts

By Lillian Sugarman

With an eye on the continuous improvement of Early Head Start programs, Helen Taylor, former Associate Commissioner for the Head Start Bureau, designed a new initiative to establish SECAs in each office and in the Head Start Bureau. The SECAs assist federal staff in their efforts to fund, monitor, and support Early Head Start Programs.

The EHS National Resource Center (EHS NRC) provided contractual support for this initiative. As such, the associates are employed and supervised by the EHS NRC.

The main thrust of the Senior Early Childhood Associates' activities involves serving as a consultant to federal staff as they learn more about infant and toddler development and its connection to program planning and operation. The associates provide birth-to-three expertise to federal staff and are physically located in the ten ACF Regional Offices, the American Indians Program Branch, the Migrant Programs Branch, and the Head Start Bureau.

Based upon individualized work plans, the associates consult with Regional Office staff and provide technical assistance through a variety of activities that may include:

- Providing individual consultations with program and fiscal staff;
- Offering presentations on topical workshops;
- Analyzing EHS grant awards;
- Accompanying program specialists on TA visits to programs;
- Participating in technical assistance visits with program specialists;
- Organizing and participating in regional and national conferences;
- Supporting program specialists during on-site monitoring visits;
- Coordinating regional activities with other technical assistance providers;

- Maintaining a resource library of books, video tapes, and other training materials for professional development of the federal staff; and
- Participating in Regional Coordinating Council meetings.

We are excited about this new level of support and its contribution to quality enhancement in Early Head Start programs.

For more information, contact Lillian Sugarman, Assistant Director of the EHS NRC, at T: 202-638-1144 or by e-mail at l.sugarman@zerotothree.org.



The following Senior Early Childhood Associates have been hired and are located in the following offices:

| | |
|---------------------------------|----------------------------|
| Libby Zimmerman, Region 1 | Boston, Massachusetts |
| Lisa Leifield, Region 3 | Philadelphia, Pennsylvania |
| Lisa Goldman, Region 4 | Atlanta, Georgia |
| Maureen Patrick, Region 5 | Chicago, Illinois |
| Tisha Bennett, Region 6 | Dallas, Texas |
| Judy Cryzado-Gyerrero, Region 7 | Kansas City, Kansas |
| Sandra Petersen, Region 8 | Denver, Colorado |
| Alisa Burton, Region 9 | San Francisco, California |
| Theresa Elofson, Region 10 | Seattle, Washington |
| Jennifer Boss, Migrant Branch | Washington, D.C. |
| Angie Godfrey, AIPB | Washington, D.C. |
| Lynette Kimes, Central Office | Washington, D.C. |

The Early Head Start National Resource Center

By Mary Shiffer

The Early Head Start National Resource Center (EHS NRC) was created in 1995 by the Head Start Bureau to provide support to Early Head Start programs throughout the country. The EHS NRC works in partnership with the Regional Offices and the Infant/Toddler Specialists at the Quality Improvement Centers (QICs) and QICs for Disability Services.

What Services Are Available?

The EHS NRC provides training and technical assistance in the following ways:

Leadership

The EHS NRC supports the Head Start Bureau and T/TA system in providing national leadership by:

- Convening and facilitating twice annual meetings of an expert Technical Work Group (TWG);
- Synthesizing TWG discussions and offering recommendations to the HSB;
- Conducting leaders' seminars twice annually for regional staff working with EHS programs; and
- Organizing and maintaining a Resource/Network database of national experts.

Access to Information

The EHS NRC provides EHS programs with access to information by:

- Developing a compendium of quality training resources;
- Identifying and sharing information on model program strategies;
- Conducting presentations on "best practices" at national and regional conferences;
- Creating Technical Assistance Papers on select topics; and
- Disseminating of resources via our Web site (ehsnrc.rd.net).

Training Events and Technical Assistance Services

The EHS NRC plans and conducts training events for EHS program staff, including:

- National Orientation Conferences for newly funded EHS programs;
- Annual Institutes for EHS programs;
- Program for Infant/Toddler Caregivers (PITC) Intensives and certification process for EHS programs.
- Teleconferences;
- TV programming; and
- Listservs on select topics for EHS programs.

Partnership/Linkages

The EHS NRC fosters partnerships and creates linkages among EHS programs and the broader Head Start T/TA system by:

- Maintaining regular contact with Infant/Toddler Specialists in regional QICs and QICs for Disability Services;
- Conducting Training of Trainer events for the broader T/TA system;
- Creating Technical Assistance tools for the T/TA network; and
- Hosting listservs for the Infant/Family Network and expanded EHS community.

For more information, contact the EHS NRC at 202-638-0851, or visit the Web site at www.ehsnrc.org. Mary Shiffer is a Program Specialist in Region III, T: 215-861-4043.

The Infant/Toddler Specialists

By Mary Shiffer

The Head Start program's extensive technical assistance system includes Quality Improvement Centers (QICs) and Quality Improvement Centers for Disabilities Services (DSQICs) in each geographic region, as well as for American Indian and Migrant Head Start programs. These centers provide training and technical assistance support to programs in the areas of program and administrative services and serving children with disabilities. Each QIC and DSQIC has Infant/Toddler Specialists who can provide valuable technical assistance on Early Head Start and infant and toddler programming.

The Infant/Toddler Specialists serve as professional resources to Early Head Start programs beginning with initial funding through an ongoing delivery of services designed to enhance quality programming for pregnant women, infants, toddlers, and their families. These services are specifically targeted to meet the individual needs of each Early Head Start program. One function of the Infant/Toddler Specialists is contacting newly funded grantees shortly after grant awards are announced. They also provide on-site technical assistance, access to local consultants, and regional training.

To contact the Infant/Toddler Specialist in your region, contact the Federal Program Specialist in your Regional Office, or look at the Early Head Start National Resource Center's Web site at www.ehsnrc.org.

Mary Shiffer is a Program Specialist in Region III, T: 215-861-4043.

"The Bridge Builder"

by Will Allen Dromgoole

An old man going along a highway
Came at evening, cold and gray
To a chasm vast and wide and steep
With water rolling cold and deep.
The old man crossed in the twilight dim
The sullen stream held no fears for him;
But he turned when safe on the other side,
And built a bridge to span the tide.
"Old man," said a fellow pilgrim near,
"You are wasting your strength with
building here.
Your journey will end with the ending day,
You never again will pass this way,
You've crossed the chasm deep and wide,
Why build this bridge at eventide?"
The builder lifted his old gray head.
"Good friend, in the path I have come,"
he said.
"There followeth after me today
A youth whose feet must pass this way.
The chasm that was naught to me
To that fair-haired youth may a pitfall be:
He, too, must cross in twilight dim –
Good friend, I am building this bridge for him."

This poem appears on a plaque on a bridge over the Connecticut River between Walpole, New Hampshire, and Bellows Falls, Vermont. It was contributed by Judith Jerald.

Selecting the Appropriate Program Option(s):

Serving the Needs of Early Head Start Families through Center and Home-Based Program Options

By Judith Jerald and Sarah M. Semlak

Early Head Start was created in 1994 to serve low-income pregnant women, infants, toddlers, and their families. As with Head Start, Early Head Start offers children and families comprehensive child development services through center, home-based, and combination program options. The majority of the Early Head Start programs funded in 1995 were home-based and were designed to support the development of the parent-infant relationship. Through weekly ninety-minute visits to families' homes, home visitors are able to help parents to understand their role in fostering their child's overall healthy development.

Closely following the establishment of Early Head Start came the reform of the welfare system in this country. Under new welfare legislation, many Early Head Start parents must be employed or involved in schooling or job training when the EHS child is still an infant. To better meet needs identified in the community assessment and family partnership agreements, many Early Head Start grantees and delegate agencies are finding it necessary to reassess the adequacy of the home-based option. In some cases, the result of this assessment may lead to a change from home-based to center-based services for children. In other cases, as when programs use community center-based or family childcare, they may decide to enhance services by providing home visiting while also contracting with local child care centers and family day care providers. In this situation, the program is responsible for ensuring that the quality of care that Early Head Start children receive in the community centers and family day care homes meets the Head Start Performance Standards. As with other Head Start community collaborations, the grantee tracks and

supports the services received by the children outside of their homes.

In light of families' goals that relate to self-sufficiency and ultimately result in the need for child care, some programs are finding it necessary to offer more than one program option for service delivery. For example, an Early Head Start program may offer a home-based option for some families for a period of time, center-based services if they are needed, and a combination model when and if that program option is appropriate.

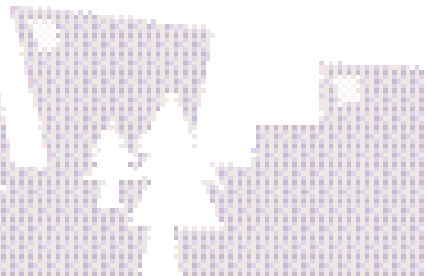
In addition, due to changes in their work and schooling, families may participate in different program options at different times while enrolled in Early Head Start. For example, parents of newborns and young infants who have not returned to work may opt for home-based services. Once a child is older and the parent returns to work or enters job training, the need for part-day care outside the home is often required. Ultimately, a parent may obtain a full-time job. At that point, a child will need to be in a center-based setting, whether it is directly operated by the Early Head Start program or in partnership with a local child care agency.

Early Head Start services can and should be tailored to meet the ever-changing needs of pregnant women, infants, toddlers, and their families. Often one program option does not meet the developmental needs of a child over a three-year period. In addition, one program option may not support families' goals, which are often changing. To meet the needs of families enrolled in Early Head Start for three or more years, programs must consider the benefits and limitations of each program option at the particular period in the child and family's life. Flexibility is essential to the design and delivery of



high-quality services to infants, toddlers, and families in Early Head Start.

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A Systems Approach to Serving Pregnant Women in Early Head Start

By Mireille Kanda, M.D.

"It is particularly important that parental health is linked to children's health and development."

—Statement of the Advisory Committee on Services for Families with Infants and Toddlers, Department of Health and Human Services, September 1994

The link between a pregnant woman's health and the health of her child is a well-established fact. Early and regular prenatal care, a healthy diet, exercise, and avoidance of stress, alcohol, and other harmful substances are a few things all mothers can do to ensure that their child will be born healthy.

Early Head Start programs are in a unique position to support pregnant women and can offer this support through a combination of systems and services (as required by the Head Start Program Performance Standards).

Services to pregnant women begin with planning. Early Head Start programs use their community assessment tools to gain an understanding of the needs of the population they are serving, as well as to identify available community resources.

Factors to consider include:

- What existing community services serve pregnant women, and what types of services do they provide (health, social services, employment and/or training, education, substance abuse treatment, and nutrition)?

- Are these services readily accessible in terms of public transportation, hours of service, and geographic distance from families being served by the Early Head Start program?
- Are there particular populations that are not being served, such as pregnant teens or young pregnant teens?

Community Partnerships

Community partnerships play a key role in serving pregnant women. Strong



partnerships that begin with a shared vision and clearly defined roles and responsibilities of each partner support the efforts of Early Head Start programs by maximizing program resources, reducing the likelihood of duplicating services, and making community services more family friendly.

Communication

To support these and other partnerships, there is a need for communication systems. Formal and informal systems of communication with community partners, staff, and parents are essential. When planning a program's approach to services to

pregnant women, the issue of confidentiality needs to be addressed early on. Most community partners, with a family's consent, will be able to share information. Making this happen smoothly requires hard work and assurances that the Early Head Start program has systems and procedures in place that protect the privacy of the families they serve.

Communication with families is another factor to consider. After enrollment, what systems of communication are in place to ensure that the needs of pregnant women are being met? Is this communication formal (regular meeting time or telephone contact) or informal (unannounced home visits or notes in the mail)? Does the pregnant woman feel comfortable talking with the Early Head Start staff person with whom she has a primary relationship? If not, are there other staff members with whom she can talk informally?

Informal and formal systems of communication between staff are often the link between systems and services in an Early Head Start program. Regular staff meetings provide opportunities to discuss family needs, gaps in service, community resources, and whether additional supplies and staff could better support programs. Data about family needs, self-assessments, and ongoing monitoring can also be shared during staff meetings. Integrated service delivery, a key feature of services to pregnant women, faces many challenges and requires good communication to remain effective.

Family Partnership Agreements

The Family Partnership Agreement Process is where the Early Head Start program and pregnant woman work together to identify goals, strengths, and needed services. It is also where feelings of trust between the program and the family begin. During this process, the type and frequency of support needed is established. For example, some pregnant women may need home visits on a regular basis, some may not need them at all, and some may need them intermittently. During this process, it may be decided that the pregnant woman wants to participate in Early Head Start center-based or socialization events to learn more about parenting and child development. There may also be discussion on what information the woman may need about labor and delivery, breast feeding, smoking cessation, and substance abuse services. It is also the place where discussions may begin about what types of services the child may receive (home- or center-based) after birth. It is important to take the necessary steps to transition newborns into the program. Whatever the need, the family partnership agreement process is the vehicle by which many services in Early Head Start take place.

Ongoing monitoring and self-assessment

Ongoing monitoring and self-assessment are two separate systems that support services to pregnant women in Early Head Start. They provide valuable information about how the program is operating as well as what, if any, changes are needed to ensure the delivery of high-quality services. Since the Head Start Program Performance Standards require Early Head Start programs to

assist pregnant women in accessing comprehensive prenatal and postpartum services, the ongoing monitoring system is one way to make sure that pregnant women receive quality, comprehensive, and timely prenatal and postpartum services.

Another way to do this is through tracking. The Head Start Program Performance Standards require programs to follow up with each family to determine whether the kind, quality, and timeliness of services received through referrals meet family expectations and circumstances 1304.20 (b)(2). This follow-up is critical for pregnant women. Tracking services to make sure appointments are kept, needed services are provided, and that problems (with either the family or a community service provider) are identified and addressed early on are yet another way to ensure high-quality services.

As you can see, services to pregnant women are comprehensive, complicated, and challenging. But what better time to work with women to ensure they and their child-to-be are healthy, happy, and have the support they need?

Mireille (Mimi) Kanda is the Chief of the Head Start Bureau's Health and Disabilities Branch, T: 301-594-4001.

New Shoes to Celebrate

By Terry Barrett

The week before Easter, I took my son Nicholas to get a new pair of shoes. I realized as I planned for the shopping trip that this was his first new pair of shoes – he had always just worn hand-me-downs from his sister.

For the first couple of years of his life, Nicholas wasn't walking. It never seemed urgent or necessary to get him new shoes. I had hoped that Nicholas would learn to walk at a "normal" age. I did not want others to see his disability, but rather all his possibilities. I was afraid he would become labeled with the term "disabled" and worried people might typecast him in the role.

So, I had a time in mind when I wanted Nicholas to begin walking. This time passed. Nicholas was eager to learn at his pace and in his order. I came to appreciate that about Nicholas. He was determined, but not impatient. I was impatient, but not determined to see this little boy walk. I had come to understand that these were Nicholas' steps, not mine. Anyway, he was doing a very good job of learning what he needed to know and moving forward.

After his second birthday, the time came when he began to walk. It was time to celebrate his accomplishment! We celebrated by going shopping on the Tuesday before Easter. Brandie, Nicholas' six-year-old sister, was part of the celebration too. Brandie knew just what to do in a shoe store. While she tried on every pair of shoes anywhere near her size, I tried shoes on Nicholas as he slept in the stroller. Before long, he woke up. He showed he was ready to actively participate in the celebration, as he walked right out of the store into the mall with each new pair we tried!

Finally, we had a fit. A pair of shoes that matched the criteria of a beginning walker's shoe and was a cute

shoe for a toddler to wear. Brandie had also chosen a pair of shoes she liked. Both wore their new shoes as we left the store.

Nicholas seemed to walk differently, more deliberately in these new shoes. In the days that followed, Nicholas would walk in his new shoes everywhere. He found mud puddles and stomped with delight, as he watched the splashes he made. He took his new shoes to the sandbox at his daycare and let his shoes fill with sand.

There is no doubt Nicholas knows how to put these new shoes to good use, and I am delighted. This was such a simple, yet satisfying celebration. Nicholas is a teacher, and I learn from him all the time. There will be struggles and painful times in this life, but this was not one of those times. This was a time to celebrate. A time to celebrate the accomplishment Nicholas had made. His first steps are just the beginning of many steps to celebrate.

This story was shared at the Special Quest in California by Terry Barrett, a Head Start parent.



Early Head Start Programs and QUILT: Quality in Linking Together

By QUILT Staff

Early Head Start programs across the country are accessing the services of QUILT, a training and technical assistance project funded by the Head Start and Child Care Bureaus. Its purpose is to support partnerships among child care, Early Head Start and Head Start, pre-kindergarten, and other early education programs to provide quality, comprehensive, appropriate care to children and families nationwide. QUILT's goals in supporting early education partnerships include:

- Providing full-day, full-year child care for families who need it so that parents can work or pursue education and training opportunities;
- Making comprehensive services more widely available for children and families; and
- Improving continuity of services and program quality.

QUILT's approach to technical assistance is to complement, and not duplicate, the work of other training and technical assistance (T/TA) providers, including those in the child care, Early Head Start, and Head Start T/TA networks. As part of our approach, we:

- Work closely with all stakeholders from local early education programs, to regional, tribal, and state administrators and T/TA providers, to national decision-makers to support partnerships;
- Provide individuals and groups with information about the benefits of partnerships and links to resources;
- Address a wide range of partnership issues from designing programs to managing multiple funding sources;
- Respond to the individual needs of diverse early education communities; and
- Offer technical assistance in a number of ways through the QUILT toll-free hotline, as well as through on-site technical assistance.

Here are some frequently asked questions and answers about the QUILT

services available to Early Head Start.

Q: What can the hotline offer my EHS program?

A: Whether you're in the beginning stages of forming a partnership with child care, or you are taking steps to improve an existing partnership, the hotline can assist you with planning as well as solution finding. In addition to linking callers to local resources and other child care and Early Head Start/Head Start networks, the QUILT hotline can provide you with information about upcoming partnership events, additional materials, and assistance in arranging onsite technical assistance. You can also find information about early education partnerships on the QUILT Web site (www.quilt.org).

Q: When can I call the hotline?

A: QUILT hotline specialists are available to answer your questions 11 hours a day, Monday through Friday. Just call our toll-free number 1-877-867-8458 (1-877-TO-QUILT) between 8:30 A.M. and 7:30 P.M. Eastern Time.

Q: How is on-site technical assistance different from hotline technical assistance?

A: While hotline specialists respond to an individual caller's day-to-day questions about early education partnerships, on-site technical assistance delivered by the QUILT brings all the stakeholders to the table, generally within their own community or state. As a result, QUILT on-site technical assistance specialists are able to tap the strengths of all the players, ensure that everyone's voice is heard, and help them reach consensus about concrete steps they can take to promote early education partnerships.

Q: What types of issues do QUILT staff and consultants address?

A: QUILT staff and consultants address all issues that help programs plan, implement, and sustain partnerships.

For example, QUILT staff members help stakeholders at the state and community level examine policies, planning and fiscal strategies, and program management issues. Some programs request assistance in designing the structure and goals of the partnership. Others need targeted consultation in developing a financial plan and cost allocation system. Still others want help examining possible staffing patterns and responsibilities and identifying benchmarks of performance. Because QUILT staff and consultants share information about a broad range of partnership structures as well as current research, they are able to provide technical assistance customized to the community's needs, resources, and priorities.

Three entities lead the QUILT ...

Community Development Institute
Grace Hardy, Project Director

9745 East Hampden Ave. Suite 310
Denver, CO 80231
T: 303-369-8706
Fax: 617-337-5339

Education Development Center, Inc.
Karen Juall, Co-Project Director

55 Chapel Street
Newton, MA 02458-1060
T: 617-969-7100
Fax: 617-244-3609

National Child Care Information Center

Ray Collins, QUILT Manager

243 Church Street NW
2nd Floor
Vienna, VA 22180-4430
T: 800-616-2242
Fax: 800-716-2242
NCCIC Web site: nccic.org

To keep up-to-date with partnership events, resources, and news, visit the QUILT Web site
<http://www.quilt.org/>

The Hilton/Early Head Start Training Program

By Joanne Knapp-Philo

The Hilton/Early Head Start Training Program, a public-private partnership funded by the Conrad Hilton Foundation and the Head Start Bureau, is in the third year of a five-year grant. Its mission is to provide training and ongoing follow-up to Waves 1-4 Early Head Start (EHS) and Migrant Head Start (MHS) programs to support their development of high-quality, collaborative, inclusive services for infants and toddlers with significant disabilities. An augmentation to the Head Start Training and Technical Assistance system, the Hilton/EHS Training Program works closely with the Quality Improvement Centers for Disabilities Services (DSQICs).

The core of the Hilton/EHS Training Program is an intensive five-day workshop called the SpecialQuest. In 1999, more than 1200 EHS/MHS staff, family members, and Part C partners joined 21 federal staff and 38 representatives of the Quality Improvement Centers in these sessions. Every Wave 1-4 EHS and MHS program had the opportunity to participate in the SpecialQuests; 258 programs have chosen to commit themselves to the intensive, four-year training and follow-up process.

For the SpecialQuest, participating programs each send a 5-member team consisting of:

- A parent of an infant or toddler with a disability enrolled in the EHS/MHS program;
- An EHS/MHS administrator;
- The staff person responsible for disabilities services;
- Another staff person who can help "share the training"; and
- A representative of a local Early Intervention (Part C) program with which the Head Start program col-

laborates to serve infants and toddlers with Individualized Family Service Plans (IFSPs) and their families.

Ten SpecialQuests are held annually, two in each of the five hubs. American Indian and Migrant Head Start programs (Regions XI and XII) participate in their geographic areas.

Ongoing collaboration with the DSQICs strives to ensure that participants receive "seamless" technical assistance on issues of including infants and toddlers with significant disabilities and their families in EHS/MHS programs. Many DSQIC staff attend SpecialQuests to provide support and continuity and to lend their expertise about local issues.

SpecialQuest trainers have expertise and experience as parents of children with disabilities and/or as staff in Early Intervention (EI) and Head Start programs. The thirty nationally recognized trainers present state-of-the-art information and help teams to convert current research on inclusion of infants and toddlers with disabilities into day-to-day practice in their programs. Each team has a Learning Coach who works with them during the training and provides on-site follow-up and

technical assistance for up to three days between each SpecialQuest session. Teams develop goals for themselves and their programs based on their preferences, needs, and the best practices presented at SpecialQuest. These goals are the focus of the follow-up support provided by 140 Learning Coaches throughout the nation.

During 1999, team members developed 1081 goals in the areas of:

- Including infants and toddlers with disabilities, such as establishing a pilot project to link EHS/HS to ICC (Part C Interagency Coordinating Council) and the community as a whole for the specific purpose of identifying children with significant disabilities and, where appropriate, placing them in EHS/HS programs (home-based and center-based natural environments).
- Enhancing family leadership, such as increasing the involvement of fathers in EHS and EI by completing the self-assessment of service delivery, completing a needs assessment of fathers in the programs, and organizing a "Bring Your Dad to School" Day.
- Building and maintaining collaboration between EHS/MHS and Part C, such as collaborating effectively to

Participant comments on their experiences:

- *We got practical strategies that we can implement in our programs, and the focus on collaboration was very useful for us in this stage of our program.*
- *Parent perspective brings it home — to the heart.*
- *The team approach is an excellent idea that helps to reinforce to staff the need to include everyone (ECI, EHS, parents, etc.) in carrying out services.*
- *I have truly enjoyed meeting and talking with parents who have children with disabilities and working together as a team. It has made a tremendous difference in how I view working with children with disabilities.*
- *The SpecialQuest helped me find my voice and direction as a parent of a child with a disability.*



Director of the Hilton/EHS Training Program:

Dr. Linda Brekken, California Institute on Human Services, Sonoma State University

Regional Coordinators:

Hub 1: Theresa Bologna

Hub 2: Pat Franco

Hub 3: Jerry Hindman

Hub 4: Cathy Liles

Hub 5: Joanne Knapp-Philo

Migrant Head Start programs:

Katrina Montano-White

American Indian Programs:

Ory Cuellar

ensure a coordinated plan for families that is shared by EHS, Part C, Family Support Services, and which will reflect the requirements of each individual program by February 2000.

- Working together as a team, such as establishing a conflict resolution plan for the center, for interagency relationships, for the Policy Committee, and for the SpecialQuest team.
- Sustaining an organizational culture of continuous improvement, such as training staff to gain a greater awareness of resources in the community for children age birth–3 with disabilities, thus creating consistency in education throughout the system.

Every participant and guest who attends SpecialQuest receives training materials for use during the training and upon return to their programs. The Hilton/EHS Training Program developed five videos for use in 1999, in addition to the one developed in 1998. "Share the Training" materials, which include

videos and other training materials in English and Spanish, will be distributed to participating EHS/MHS programs. As of October 1999, SpecialQuest participants, Learning Coaches, and trainers shared SpecialQuest content and materials with over 9,000 people.

The philosophy of continuous improvement is woven throughout all Hilton/Early Head Start Training Program activities. An internal evaluation collects input that serves as the basis for future program decisions and will ultimately measure impact. In addition, participating teams are encouraged to become part of a learning organization by practicing skills in planning, acting, reflecting, and evaluating while they are at SpecialQuest and when they return to their programs.

For more information on the Hilton/Early Head Start Training Program, contact Joanne Knapp-Philo, the Hub 5 Regional Hilton/EHS Coordinator, at T: 805-383-9302 or visit the Web site at www.sonoma.edu/cihs/Hilton_EHS/.

Teaming in Rural Maine: Effective Services for Young Children and Their Families

By Mary Ann Demaree

Even under the best of circumstances, collaboration among education and service agencies is fraught with difficulties. Scarce resources and time as well as overworked personnel can short-circuit the best intentions. In too many cases, collaborative action on behalf of children remains an ideal, not a reality.

Rural Oxford County, Maine, faces numerous obstacles to smooth collaboration between the multiple agencies that serve children. The story of how agencies there are overcoming the barriers of rural isolation, poverty, and low adult verbal skills offers lessons to all service professionals.

Oxford County, Maine, covers 2,078 square miles in western Maine, one of the country's most rural states. The county has no major highways, no public transportation, and no taxi service. Two nonprofit transportation companies provide limited bus service to the elderly and low-income persons requiring medical services.

Oxford County agencies share the ideals held by most professionals who serve children. They have the vision to provide the needed education and social services to children and their families and they want their clients to achieve their full potential. While their goal is straightforward, many factors make it difficult to achieve in Maine and around the country. Although prevention is the least expensive and most efficient response, some agencies lack the resources for prevention.

The end result is that children and families may not receive wholistic services. One approach is for agencies to come together to plan a program that builds on each of their strengths.

Such collaboration is the best avenue for achieving continuity of services. A team in Oxford County, Maine, has been working to facilitate continuity in their community.

Community Concepts, a multi-purpose Community Action Program, includes many of the programs that serve Oxford County's poor children. Of the county's 53,797 population, 21 percent live in poverty. Thirty percent of children under five are poor, according to Maine Kids Count.

Community Concepts houses Head Start and began providing Early Head Start services in 1996. The Head Start/Early Head Start program is the only comprehensive child development program for low-income children in Oxford County. It serves 187 preschoolers in Head Start, and 95 infants/toddlers and pregnant women and their families in Early Head Start.

Many of the children served by Community Concepts are further hampered by disabilities. Nearly 160 children receive early intervention and FAPE (Free Appropriate Public Education) services in Oxford County. Most are three to five-year olds (70 percent); 30 percent are under age three. The children have mild to severe delays in one or more areas of development.

As of March 1999, Community Concepts' Early Head Start program had 11 children with disabilities aged birth to three and 28 children with disabilities aged three to five. Their diagnoses range from speech and language concerns to orthopedic disabilities. Head Start staff and child development professionals consider rural isolation and low adult verbal interaction as the principal reasons for the high rate of

language deficiencies. According to the U.S. Department of Education, national statistics also report that the great majority of children birth to age five with disabilities are diagnosed with a speech or language delay.

In 1998, Community Concepts Early Head Start program accepted an opportunity to participate in a four-year training project sponsored by the Conrad Hilton Foundation and the Head Start Bureau. This project brings together teams of professionals and parents from Early Head Start programs to support collaborations between Head Start staff and Part C providers. (See related article on p. 30). All serve children with significant disabilities, work with families of children with disabilities, recruit children with disabilities, and employ commonly used intervention strategies.

In the first year of the project, Community Concepts staff facilitated the development of a team that included the Early Head Start Disabilities Manager, an Early Head Start Home Visitor, a former Head Start parent, the Part C (Child Development Services) provider, and a local pediatric nurse practitioner.

The group's first goal was to develop strong working relationships. The Hilton/Head Start project designed a yearly SpecialQuest conference to bring together teams to work on their goals and plan ways to achieve these goals. At each conference they plan to revisit these goals, revise them as needed and plan additional goals.

The team's next goal was to complete a community "map" of services available to children under three and their families. In Oxford County, the mapping significantly impacted services

provided in the community. It has led to more cooperative attitudes between service agencies. They are eager to refer clients to appropriate services because they know what is available.

To help families as they search for services and opportunities for their children with disabilities, the team has developed a brochure of available services in the South Paris region of Oxford County. Drawing on the community mapping activity, the brochure highlights medical and health services, and recreational opportunities. The team plans to meet regularly to update the brochure, develop a brochure for the rest of the county, and determine if there are other initiatives that would create opportunities for more collaboration.

This team is unique in its approach to working in a rural setting. The composition of the team represents a broad constituency of service providers who are committed to maintaining the collaboration process. When community agencies and services work together and make better use of their limited resources, children and families can gain access to more streamlined and readily accessible services. The experience of professionals in Oxford County, Maine, allows community partners around the country to raise their expectations for improved collaboration.

Mary Ann Demaree is a Training and Technical Assistance Specialist at the Region I Quality Improvement Center for Disabilities Services, T: 617-969-7100, E: mdemaree@edc.org.

Ten Tips for Community Collaboration:

- Build awareness of the benefits of collaboration; it sets communities into motion.
- Designate one person to represent an agency and make sure that he or she can make a long-term commitment.
- Make sure there is close communication between the designee and the agency decision makers.
- Continue meeting to develop goals; it keeps the collaboration process young.
- Ensure that each team member has a commitment to the team's goals.
- Enlist each team member to take these goals back to the agency for action.
- Include the following on the team: a health representative, an Early Head Start teacher/home visitor and administrator, a parent, and a representative from the local Part C provider.
- Agree on a vision before the goals are written.
- Clearly state goals and expected accomplishments.
- Recognize the team's accomplishments to encourage future efforts.
- Meet regularly to evaluate and celebrate the accomplishments, enhance ongoing activities, and establish new tasks.

Migrant Head Start Services for Infants and Toddlers

By Jennifer Boss

Early Head Start programs began serving families with infants and toddlers in 1995. Migrant Head Start, however, has been providing services to families with infants, toddlers, and preschoolers since its inception in 1968. Long before our introduction to the research on brain development and the emphasis on the importance of the first three years of life, Migrant Head Start programs across the country have been providing safe, nurturing, and culturally rich environments for some of the nation's most vulnerable infants and toddlers.

Migrant farm workers are hard-working people who travel frequently. They often live in poor housing situations and are one of the lowest paid populations in our country. The challenges that these families face include incomes that fall well below the national poverty level; low education levels and limited knowledge of English; high mobility; and severe problems in obtaining adequate housing for themselves and their children. These challenges serve to reinforce the vulnerability of migrant families and their children. It is precisely because of this vulnerability that the services provided by Migrant Head Start are so vital.

Without quality child care, many parents have no choice but to bring their children to work with them, unintentionally exposing their infants, toddlers, and preschoolers to a variety of environmental dangers. Migrant Head Start programs give these parents, who spend long, hard hours laboring in the fields, peace of mind that while they work to support their families, their young children are safe, nourished, and well cared for.

Since its inception 32 years ago, Migrant Head Start has been successful in meeting the needs of migrant families and children. Migrant Head Start programs attempt to respond to the migration patterns of the families by operating during the peak season of the

local crop harvest. This system of service simultaneously creates multiple challenges, such as staffing, extended program hours, facility location and program management. Additionally, Migrant Head Start programs may be in operation anywhere from three to ten months at a time.

Despite these challenges, Migrant Head Start programs manage to provide comprehensive, culturally appropriate services for children and families. Many programs have successfully created culturally and linguistically appropriate environments staffed by Spanish-speaking, bilingual, and bicultural persons. This is important, because in programs where infants and toddlers are enrolled, employing caregivers who are able to speak to the child in the family's native language is critical to the social, emotional, cognitive, and linguistic development of the child.

Migrant Head Start programs have also proven effective in helping families to obtain the proper immunizations for their children. The vast majority of children enrolled in Migrant Head Start programs have received all of the necessary immunizations needed by the age of five. In addition, Migrant Head Start provides opportunities for migrant parents to be included in programs where they are respected and welcomed. The inclusion of parents in program development and implementation is vital to the success of all Migrant Head Start programs.

Migrant Head Start families have key strengths to build upon and reinforce. For instance, the majority of migrant farm worker families are two-parent families. They also move in relatively stable travel patterns (e.g., migrating each spring from Texas to Washington State, and returning to Texas when their work is completed). Family stability is especially important for the healthy development of migrant infants and toddlers who are often enrolled in a "short-term" Migrant

Head Start program as their parents travel to follow the crops.

Migrant families in Head Start have achieved notable successes over the past 32 years. With the revised Head Start Program Performance Standards and the increased emphasis and available information on quality services for infants and toddlers, Migrant Head Start can look forward to improving upon the already rich and comprehensive services they have been providing, to the benefit of migrant families and their children.

Jennifer Boss is a Senior Early Childhood Associate for the Early Head Start National Resource Center, T: 202-205-8905, E: jboss@acf.dhhs.gov.

Early Head Start Relationships

By Laura A. Schad

Rural American Initiatives Early Head Start Program

Simply put...Early Head Start is a Child development program (words said by Helen Taylor at a Wave IV EHS orientation). The federal Web page provides a glimpse of how EHS came about and the focus of the program. During the 1994 Reauthorization of Head Start, "Congress acted upon evidence from research and practice which illustrates that early intervention through high quality programs enhances children's physical, social, emotional, and cognitive development; enables parents to be better caregivers and teachers to their children; and helps parents meet their own goals, including economic independence."

This small "glimpse" is a huge responsibility: It not only focuses on children's development, but on opportunities for parents to enhance their own skills and work towards self-sufficiency. It simply comes down to relationships...

1. Parents are the first and foremost

partners. If the relationship between the staff and parents is strong and built upon trust, working with a small infant becomes much less challenging. Child development services cannot be delivered without the parents' involvement.

2. The relationship necessary between baby and staff is critical for a quality program. Young children need a consistent, warm, nurturing environment to thrive in. It takes a unique person to deliver the opportunities and experiences for young children to grow and develop. Select those individuals carefully and thoughtfully.

3. Community relationships are imperative for a successful EHS. The Head Start Performance Standards are very comprehensive and the task of implementing them cannot be accomplished single-handedly. To establish the wide range of services and support needed for EHS, partnerships (relationships) must be established to assist with the delivery of services.

4. The relationship between staff must be responsive and supportive for the benefit of the children and families. Each interaction with a child connects them to their next level of learning. This cannot be accomplished if staff do not work together as a team and recognize their own strengths and limitations.

Did you recognize four relationships listed above? If you look, you will see the four cornerstones for Early Head Start: Child Development, Family Development, Community Partnerships and Staff Development. If one of these relationships is missing or out of sync, take care of it right away. Early Head Start is about doing it right and doing it thoughtfully — our future is in our hands!

This article is reprinted with permission from the May 2000 issue of Native Horizons. Laura Schad is the Director of the Rural America Initiative in Rapid City, SD. Contact her at T: 605-343-4741 x 201.

Effective Relationships: A Key Strategy to Support Quality Service Provision

The following broadcasts aired on the Heads Up! Network. Videotaped copies of the broadcasts will be available in Fall 2000 from the EHS NRC. Topics include:

- Cultivating Reflective Practice in Center-Based and Home-Based Settings – featuring Linda Gilkerson, Erikson Institute, Chicago, IL and Portia Kennel, Ounce of Prevention Fund, Chicago, IL.
- Practices that Support Culturally Responsive and Respectful Services, Part I – featuring Tammy Mann, EHS NRC, Washington, DC and Sylvia Sanchez, George Mason University, Fairfax, VA.
- Practices that Support Culturally Responsive and Respectful Services, Part II – featuring Janet Gonzalez-Mena, writer and consultant, Suisun, CA and Intisar

Shareef, Contra Costa College, San Pablo, CA.

- Supervision as a Tool to Support Reflective Practice – featuring Lauren Bell, Talley Dunn, and Sandy Graham, Southern Oregon Child and Family Council, Central Point, OR.
- Training Staff to Work Effectively with Fathers – featuring Ty Minter, Babyland Family Services, Inc., Newark, NJ.
- Effective Strategies for Supporting Adolescent Parents – featuring Anita Keislich and Bessie Sanders-Gordon, Sumter School District 17, Early Head Start, Sumter, SC.

Contact Amanda Perez at a.perez@zerotothree.org or call T: (202) 638-1144 about this Infant and Toddler 2000 Distance Education Series available at cost, plus shipping and handling.

Commonly Asked Questions about Early Head Start

Q. How many years should children remain in Early Head Start?

A. Early Head Start (EHS) is intended to serve pregnant women and children until the child is approximately three years of age. Although a child can be enrolled anytime from birth to age three, the intent of EHS is to intervene early and provide intensive, individualized services throughout the first three years of a child's life.

Q. If there are two or more children from the same family enrolled in an EHS home-based program, how long is the weekly home visit?

A. The home-based performance standard requires that the weekly home visit be a minimum of 90 minutes per family. A home visitor may determine in partnership with the parent/s that it is necessary to increase the length of the home visit in order to meet the individual needs of the children, and/or to support the parent in attaining the goals they have set for themselves as part of the family partnership process. But a longer visit is not required for multiple children.

Q. Can program staff, in addition to home visitors, organize and conduct group socializations?

A. Yes, other program staff and community partners are often valuable resources for implementing developmentally appropriate socializations for infants and toddlers. However, the home-based visitor who works weekly in the family's home should be involved in the planning and implementation of socializations for their assigned children and their parents. Socializations should reflect the goals and experiences that are connected to and build upon home visits.

Q. Are EHS programs required to provide formula for children in center-based programs?

A. Yes. Depending on the length of time the child is in the center, EHS must meet between 1/3 to 2/3 of a child's daily nutritional needs. The cost of formula is reimbursed by USDA. Formula should be available during socializations if needed.

Q. Is it possible to hire and train EHS staff during the start-up year?

A. Yes, the start-up period is intended to include extensive organizational and programmatic planning. Based on the agency's planning process, staff should be hired and receive an orientation and training in order to fulfill the responsibilities of their particular position in the EHS program.

Q. In a home-based option, is it acceptable for early intervention staff from a Part C agency to conduct EHS home visits when the EHS home visitor is not present?

A. The response to this question depends on the needs of a family and the type of partnership agreement that the EHS program has with their Part C provider. According to the Head Start Program Performance Standards, home visits must be conducted on a weekly basis throughout the year. In addition, the EHS program must be certain that all relevant regulations — including child development, parent involvement, health services, and social services — are implemented. A Part C provider may conduct EHS home visits in partnership with the EHS program or as part of a contract with the EHS program. In either situation, the EHS program is responsible for coordinating services that a child or their family may require as mandated by the Performance Standards, and for

ensuring that the services are provided. The contract or agreement must outline and clearly describe the responsibilities of the partners. EHS programs may have similar home-visiting partnership agreements with other qualified community partners, such as home visiting nurses.

Q. If a grantee or delegate agency has both EHS and Head Start programs, should they have one or two policy councils/committees?

A. There should be only one policy council (for grantees) or one policy committee (for delegates) per agency. The representation of parents serving on the policy council or committee should be proportionate to the funded enrollment of each program.

Q. Are EHS programs required to make 90-minute home visits to pregnant women enrolled in their program?

A. Pregnant women are not enrolled in a program option such as home or center-based. These are program service options for delivery of services to children. EHS grantees and delegate agencies serving pregnant women are required to deliver some services, such as prenatal education, while assisting in accessing others, such as health care. Plans for services to pregnant women are designed to meet the individual needs of each woman and her family. Through the family partnership process, EHS programs work with the pregnant woman to identify goals and make plans for meeting these goals. Although home visits may be an integral part of the plan for service delivery, they are not specifically required.

Q. Can socialization experiences for infants and toddlers be held outside of the program's licensed setting, such as at a beach or park?

A. Yes, as long as the environment is safe and appropriate in terms of meeting the developmental needs of the children. It is important that socialization experiences be planned on the basis of the goals and subsequent needs of the individual children enrolled in the EHS program. Socializations should be offered in environments where children can be kept healthy and safe.

Q. Are double sessions appropriate for EHS programs serving infants and toddlers?

A. No, double sessions are not appropriate for Early Head Start.

Q. If state regulations allow 12 children under the age of three in a group with three teachers, can that supersede the Head Start standard of a maximum group size of eight?

A. No, maximum group size for EHS children cannot exceed eight children with two teachers. This regulation also applies to EHS children in community-based child care programs.

Q. If parents of an EHS child have another baby, must the program enroll that child as well?

A. Not necessarily. EHS programs are required to develop recruitment, enrollment, and selection procedures. These procedures will guide the enrollment of children in the EHS program. Family income must be verified when any child is enrolled.

Q. Can you count a high-risk pregnancy or a pregnant woman with a disability as a part of the ten percent enrollment requirement for children with disabilities?

A. No. For a child to count toward the ten percent enrollment requirement for children with disabilities, he or she must have an active Individual Family Service Plan (IFSP) developed by the local Part C agency.

Q. When is the first-year program review conducted?

A. A full program review is conducted toward the end of the first full year of operation.

Q. Can EHS children transition into preschool Head Start if they are not three years old by the time of the state's compulsory school age requirement?

A. Since Sec. 645(c) of the Head Start Act does not preclude enrolling children in preschool Head

Start who do not meet the compulsory school age requirement for their state, and Sec. 645(b)(7) supports continued preschool Head Start services for Early Head Start children, the guiding principle is that Head Start preschool grantees may serve children "as of their third birthday" under the following circumstances:

- 1) when the recommendation from the EHS and Head Start program is based on solid transition planning that takes into consideration the child's needs;
- 2) when the placement is developmentally appropriate for the child;
- 3) when the child meets the program's eligibility, enrollment and selection criteria; and
- 4) when the preschool Head Start grantee/delegate agency has an approved process for selection and enrollment that supports enrolling children as of their third birthday, when appropriate.

EHS Contacts in the QICs, DSQICs, and Regional Offices



Region I

- QIC
Education Development Center, Inc.
(617) 969-7100
- DSQIC
Same as QIC
- RO EHS Liaison
(617) 565-1128

Region IIa

- QIC
New York University
(212) 998-5550

Region IIb

- QIC
Development Associates, Inc.
(787) 281-0100

Region IIa and b

- DSQIC
New York University
(212) 998-5528
- RO EHS Liaison
(212) 264-4116

Region III

- QIC
University of Maryland University College
(301) 446-1040
- DSQIC
Child Development Resources
(757) 566-3300
- RO EHS Liaison
(215) 861-4000

Region IVa and b

- QIC
Western Kentucky University
(502) 745-4041

- **DSQIC**
Chapel Hill Training and Outreach Program
(919) 490-5577
- **RO EHS Liaison**
(404) 562-2800

Region Va

- **QIC**
Cooperative Educational Service Agency 5
(608) 742-8814

Region Vb

- **QIC**
The Ohio State University
(614) 447-0844

Region Va and b

- **DSQIC**
University of Illinois
(217) 333-3876
- **RO EHS Liaison**
(312) 353-8322

Region VIa

- **QIC**
Basic Health Management International, Inc.
(501) 370-9155

Region VIb

- **QIC**
Texas Tech University - Institute for Child and Family Studies
(806) 742-3296

Region VIa and b

- **DSQIC**
University of Arkansas UAP
(800) 831-4827
- **RO EHS Liaison**
(214) 767-9648

Region VII

- **QIC**
Community Development Institute
(816) 356-5373
- **DSQIC**
University of Kansas Medical Center
(913) 588-5960
- **RO EHS Liaison**
(816) 426-3981

Region VIII

- **QIC**
Community Development Institute
(303) 369-5959
- **DSQIC**
Utah State University
(435) 797-0985
- **RO EHS Liaison**
(303) 844-3100

Region IX

- **QIC**
Development Associates, Inc.
(925) 935-9711
- **DSQICs**
California Institute on Human Services (CIHS)
(707) 664-4230
Ventura County Superintendent of Schools Office
(800) 625-7649
- **RO EHS Liaison**
(415) 437-8400

Region X

- **QIC**
Early Childhood Training Center
(503) 725-4815

- **DSQIC**
Same as QIC
- **RO EHS Liaison**
(206) 615-2557

Region XI — American Indian Programs

- **QIC**
American Indian Institute - College of Continuing Education
(405) 325-4129
- **DSQIC**
Three Feathers Associates
(405) 360-2919
- **RO EHS Liaison**
(202) 205-3198

Region XII — Migrant Programs

- **QIC**
Academy for Educational Development
(202) 884-8728
- **DSQIC**
Academy for Educational Development
(202) 884-8700
- **RO EHS Liaison**
(202) 205-8455

Public Private Partnership

- **Hilton/Early Head Start Training Program**
(707) 664-2053

National Contract

- **Early Head Start National Resource Center (EHS NRC)**
(202) 638-1144

Statement of the Advisory Committee on Services for Families with Infants and Toddlers

This document reflects the suggestions and comments made by the Advisory Committee for the design of the Early Head Start Program. It is intended to guide communities' decisions about services to America's youngest children and their families.



To order, fax an HSPMC order form to F: 703-683-5769 or send an email to puborder@hskids-tmssc.org.

Head Start Facilities Manual

The manual is a tool for grantees and delegate agencies to assess their existing facilities, make improvements, and secure space for expansion. It provides information, checklists, and worksheets for facilities assessment and planning.



It also includes chapters on assessment, compliance issues, facilities design, and funding, complete with checklists and/or other resource materials.

To order, fax an HSPMC order form to F: 703-683-5769 or send an email to puborder@hskids-tmssc.org.

Assessing and Treating Infants and Young Children with Severe Difficulties in Relating and Communicating

This breakthrough publication will help practitioners and parents treat and understand young children diagnosed with Multisystem Developmental Disorder (MSDD), Pervasive Developmental Disorder (PDD), and Autistic Disorder. The contributors, national leaders in this extraordinarily challenging infant/family practice area, stress the importance of both individualizing and integrating evaluation and treatment. They offer practical strategies from a range of disciplines on how to:

- Build an effective working alliance with families;
- Engage young children, and help them connect to others;
- Address specific sensory processing deficits; and
- Design a therapeutic "village" to help raise young children with severe difficulties.

To order, contact ZERO TO THREE at T: 202-638-1144 or visit their Web site at www.zerotothree.org. The cost of this publication is \$10.00.

Can They Hope to Feel Safe Again? The Impact of Community Violence on Infants, Toddlers, Their Parents and Practitioners

This is an emotionally charged booklet with a powerful message for all those working with young victims of violence. The publication, taken from the edited transcript of the final plenary session of ZERO TO THREE's 1991 Seventh Biennial National Training Institute, summarizes the presentations of three compelling speakers: Clementine Barfield of Save our Sons and Daughters (SOSAD); Elizabeth Simpson of the PALS Program; and Betsy McAlister Groves of the Child Witness to Violence Project.

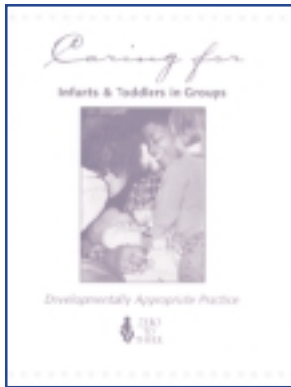
To order, contact ZERO TO THREE at T: 202-638-1144 or visit their Web site at www.zerotothree.org. The cost of this publication is \$5.00.

Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice

This popular guide is designed to help caregivers, program directors, coordinators, administrators, trainers, licensers, families and leaders in the field of early care and education recognize the special knowledge and skills needed to offer a nurturing group care environment to very young children.

Caring for Infants and Toddlers in Groups provides assistance in meeting the needs of each individual child; recognizing early developmental stages; achieving necessary health and safety standards; creating good relationships; developing training and mentoring programs; linking with other community-based service systems; providing conti-

RESOURCES



nuity of care; and being sensitive to cultural and linguistic needs.

To order, contact ZERO TO THREE at T: 202-638-1144 or visit their Web site at www.zerotothree.org. The cost of this publication is \$17.00.

Learning Language and Loving It: A Guide for Promoting Children's Social and Language Development in Early Childhood Settings

Designed for early childhood educators, special educators, and speech/language pathologists, this guidebook from The Hanen Centre (Toronto, Canada) addresses the full range of topics which affect children's language learning in an early childhood setting. This book shows how children, especially those delayed or at risk of delay in social and/or language skills, can be helped to participate in those everyday interactions with adults and peers that are so critical to the development of language. It also describes how adults can enhance children's language skills (appropriate to children's language levels), gives "dos and don'ts" for professionals, and provides two observation guides for evaluation of children's social, play, and language skills.

To order, contact ZERO TO THREE at T: 202-638-1144 or visit their Web site at www.zerotothree.org. The cost of this publication is \$35.00.

The Child with Special Needs: Encouraging Intellectual and Emotional Growth

Written for parents of children with developmental challenges and professionals who work with these children and their families, this volume presents Greenspan and Wieder's "individual-difference" approach to understanding children with special needs and their developmental approach to intervention. The authors argue that because each child has a unique nervous system and a uniquely developing mind, parents and professionals must move beyond syndromes or "labels" to understand an individual child's: 1) biology; 2) interactive patterns with parents, family members and others; and 3) family patterns, culture, and the larger environment. Together, these factors will influence how a child masters fundamental emotional skills, which underlie all advanced thinking, problem solving, and coping.

Covering all kinds of disabilities, the book describes how to create an individual profile of a child's developmental level and functional abilities, including responses to touch and sound, auditory processing, motor planning, and perceptual motor abilities in order to develop an appropriate learning program. The authors offer detailed guidelines for observation, illustrated with vignettes and "crib sheets."

To order, contact ZERO TO THREE at T: 202-638-1144 or visit their Web site at www.zerotothree.org. The cost of this publication is \$27.00 (hardcover).

The Emotional Life of the Toddler

Any parent with a toddler knows that a child of this age is a whirlwind of explosive, contradictory, and ever-changing emotions. Dr. Lieberman offers an in-depth examination of the varied and intense emotional life of children from ages one to three. Drawing on her decades of research and clinical practice, she addresses a multitude of commonly asked questions and issues, such as, "Why is 'no' often the favorite response of the toddler?"

To order, contact ZERO TO THREE at T: 202-638-1144 or visit their Web site at www.zerotothree.org. The cost of this publication is \$12.00.

Me, Myself and I: How Children Build Their Sense of Self (18-36 months)

Written by ZERO TO THREE's President, Kyle Pruett, *Me, Myself and I* is an engaging guide to the growth of competence, personality, and self-image in early childhood and the critical role of emotional development in shaping the outcome. Richly illustrated with warm, humorous, "real life" vignettes, *Me, Myself and I* is filled with proven strategies to help parents set their child on a lifelong path to confidence, joy and accomplishment.

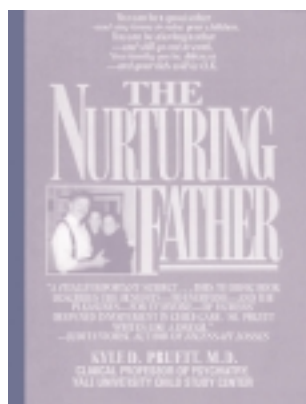
To order, contact ZERO TO THREE at T: 202-638-1144 or visit their Web site at www.zerotothree.org. The cost of this publication is \$19.95.

The Nurturing Father

Kyle Pruett describes the important impact on children and parents when the father increases his caregiver role in the family. This book provides an intensive, long-term look at 17 "father-nurturing" families with compelling, intimate accounts of three of them.

To order, contact ZERO TO THREE at

T: 202-638-1144 or visit their Web site at www.zerotothree.org. The cost of this publication is \$24.00.



Learning and Growing Together: Understanding and Supporting Your Child's Development

by Claire Lerner and Amy Laura Dombro

This parenting book on child development will empower parents and caregivers to become their own best resource by helping them think in new ways. It contains personal vignettes, reflective questions, and discussion points. The book offers the child's point of view, as well as the parent's and caregiver's. It is easy to read, an excellent supplement to clinical practice, and a good resource for group discussion. Note: One copy of this publication

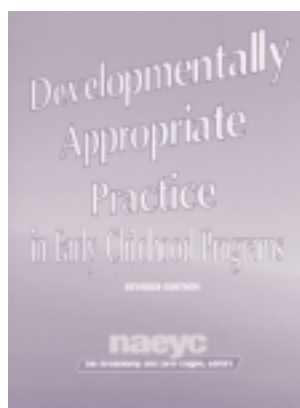


was sent to all EHS programs at no cost through grants from the Gerber Foundation and the Hummingbird Foundation. An additional 15 copies plus a users' guide will be provided at no cost to each EHS site using funds provided by a private family foundation, the Louis Berkowitz Family Foundation, Inc., in Long Island, New York.

To order, contact ZERO TO THREE at T: 202-638-1144 or visit their Web site at www.zerotothree.org. The cost of this publication is \$10.00 for single copies and \$8.00 for bulk orders of nine or more.

Developmentally Appropriate Practice in Early Childhood Programs (revised edition)

Expanding from the core ideas of the influential 1987 edition, this volume spells out more fully the principles underlying developmentally appropriate practice and guidelines for classroom decision making. The new edition is explicit about the importance of the social and cultural context in considering appropriateness of practices. For all engaged in the care and education of infants and toddlers, and preschoolers, this book offers an overview of each period of development and extensive examples of



practices that are appropriate and inappropriate with children in that age group.

To order, contact NAEYC at T: 202-232-8777 (ext. 604), or contact their Web site at www.naeyc.org. The cost of this publication is \$9.00.

Helping Young Children Develop Through Play: A Practical Guide for Parents, Caregivers, and Teachers

This publication is an easy-to-read overview of why play is so important to children's learning. It contains detailed, practical suggestions on how adults can foster play with infants, toddlers, preschoolers, and school-age children. Chapters include: the importance of play; what adults can do to support play; helping babies, toddlers, preschoolers, and primary age children play; and making nonplay more playful.

To order, contact NAEYC at T: 202-232-8777 (ext. 604), or contact their Web site at www.naeyc.org. The cost of this publication is \$5.00.



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For more information, please call Everett Shupe or Adrienne Sparger at Early Head Start National Resource Center, T: 202-638-1144.

Early Head Start Resources

Papers

The following resources are the first in a series of papers designed to collect and disseminate information on issues of critical importance to the Early Head Start community and to meet the challenges of planning and implementing high quality services to expectant parents and families with infants and toddlers.

- 1) EHS Program Implementation: Start-Up Planning;
- 2) EHS Home-Based Program Option: Recruiting, Training and Retaining Qualified Personnel;
- 3) Giving Children the Earliest Head Start: Developing an Individualized Approach to High Quality Services for Pregnant Women (Due out in September 2000);
- 4) Developmental Screening, Assessment and Evaluation in Early Head Start Programs: Critical Links for Curriculum Development (Due out in September 2000);
- 5) Developmentally Appropriate and Creative Socialization in Home-based Programs. This paper features program strategies and is due out in September 2000, and
- 6) EHS Program Strategies: Staff Development. This paper contains profiles of five Early Head Start programs illustrating the creative and thoughtful ways that EHS programs have demonstrated their commitment to staff development.

Consumers' Guide to Professional Development Resources 1999 edition

This guide is organized under the framework of the Head Start Program Performance Standards and includes a complete information review of the resource material, including recommendations from the field. *The Consumers' Guide* will be updated each year. The 2000 edition is to be released in fall 2000.

The materials are available through the EHS NRC Web site at www.ehsnrc.org under the Resource Section or Current Events or by calling T: 202-638-1144.

Send Us Ideas!

The purpose of the Bulletin is to serve the Head Start community, and we want to hear from you! Send us information on events and new initiatives you've been involved in, and send us photographs! When you send us photos, please be sure to include the following:

- The names of any people pictured in the photo
- Signed forms from each person in the photo giving us permission to print it
- Where the photo was taken (or at what event)
- The name of your Head Start program

Please do not write in ink on the back of photos—it smears when you stack them and ruins the picture underneath! Use a label or a pencil (and don't press too hard).

Because we keep these materials on file for use both now and in the future, we would appreciate your sending only those photos and materials that you do not need returned. Send your questions, comments, and contributions to:

**Head Start Bulletin
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Put us on your mailing list!

We'd love to keep in touch with what's happening in your programs and communities.

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